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ORIGINAL ARTICLES

SALPINGITIS.

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As a rule, salpingitis, especially the suppurative variety, is due to gonorrheal infection. Bacteriological examination, according to Menge,[1] shows no micro-organisms in 60 per cent of the cases; and the presence of the gonococcus in 70 per cent in which bacteria are found. These observations are misleading, for in many cases of salpingitis, especially those caused by the gonococcus and the colon bacillus, the contents of the tube are sterile but the infecting organisms are present in the walls of the tube. Bumm[2] made the statement that the gonococcus did not penetrate beneath the mucosa in salpingitis, but he is undoubtedly not correct. Magill and Martin[3] have found that in salpingitis in which the contents of the tube were sterile, micro-organisms were found in abundance in the walls of the tube. So it seems, in determining the relation of bacteria to salpingitis, it is not sufficient to make cultures from the contents of the tube, but the entire thickness of the walls of the tubes must be examined.

While it is doubtless true that most cases of salpingitis are caused by micro-organisms reaching the tube through the genital tract, not all inflammations of the tubes occur in this manner. Salpingitis due to the spreading of inflammation from surrounding structures is well known; and metastatic salpingitis is a possibility. It is also probable that salpingitis may result from infected peritoneal serum draining into the tube.

In the female there seems to be a tendency for foreign particles in the pelvic peritoneal cavity to be carried into the fallopian tubes. Henle believed that the ciliary motion of the epithelium covering the abdominal extremity of the tube, produced currents in the serum in the pelvis and that these currents, together with the movement of the cilia of the epithelial cells, which movement is directed away from the peritoneal cavity, brought the ovum from the peritoneal cavity into the uterine cavity and might cause other substances to travel the same route. Pinner, Weigert and Berkeley[4] placed particles of cinnabar

in the peritoneal cavities of rabbits and found that in a short time they were carried through the fallopian tubes and uterus into the vagina.

Lodi placed tubercle bacilli in the peritoneal cavity of rabbits and found that they were carried into the fallopian tubes in a short time. Murphy and Evans[5] found that tubercle bacilli in the peritoneal cavity of monkeys gravitated into the pelvis and were carried into the fallopian tubes, unless the infection was excessive in which case the orifices of the tubes were matted together, as if an effort was being made on the part of nature to protect the genital organs from infection. From these observations it seems probable that infected peritoneal serum may carry micro-organisms into the fallopian tubes and result in salpingitis. Does this occur to a degree of frequency to be of practical value? This cannot, at this time, be determined, chiefly because clinicians have failed to observe closely, or have neglected to record their observations.

Physicians, especially those who operate, have observed a more than accidental relationship between salpingitis and appendicitis. In some of these cases a tube or an appendix is secondarily affected from the other by a direct spreading of the inflammatory process; but many times adhesions or continuity of tissue fail to explain the simultaneous occurrence of these diseases.

It is maintained by some that an anatomical structure, known as Clado's ligament, connects the appendix with the right uterine appendages and is responsible for inflammatory processes spreading from the one to the other. Most careful observers deny the existence of Clado's ligament. Barnsby, Ferry, Webster and others, have searched for it but have never found it. They admit that occasionally a fold of peritoneum can be found extending from the outer part of the right broad ligament towards the cecum; but they claim that this peritoneal ridge is not connected with the appendix in any way, and that no blood vessels or lymphatics connect the appendix with the tube or ovary. Lafforgne found this fold more or less marked in 17 out of 90 examinations, but could demonstrate no vascular or lymphatic connections between the appendix and right tube and ovary. Porrier and Cuneo state positively that the lymphatics do not connect these organs.

If there is a relationship between appendicitis and salpingitis it would seem that the so-called Clado's ligament does not explain the co-existence of these diseases. It may be that in certain cases of appendicitis infected serum is present in the peritoneal cavity, and the serum currents of Henle carry the infection into the tubes. Tavel and Lanz have shown that when the peritoneum is injured or inflamed, colon bacilli frequently pass from the intestine into the peritoneal cavity. I believe the same condition is present in some cases of appendicitis. In 1904 I made bacteriologic examinations of the serum around the appendix in 20 cases of non-perforated acute appendicitis, and found the colon bacillus present 19 times and a streptococcus once. It may be that acute appendicitis infects the pelvic serum in some instances, and in this way causes salpingitis.

Now if appendicitis can in some cases cause salpingitis, can, and do, certain other intra-abdominal diseases do the same thing? Nauwerk,[6] Bozzi,[7] and Reisinger,[8] state that the peritoneal serum is contaminated in ulceration of the cecum. Welch has found that colon bacilli pass into the free peritoneal cavity in cases of non-perforating intestinal ulceration. In some cases of typhoid fever—without perforation—colon bacilli are found in the free peritoneal cavity. So it is possible that many abdominal diseases may cause conditions favorable to the development of salpingitis. The tubes, as Bybee says, draining the peritoneal cavity, in a measure protect the patient from peritonitis at the expense of producing salpingitis.

The intestinal origin of salpingitis is not a new theory. It has been discussed for many years. Pozzi was the first to recognize the intestinal origin of salpingitis. In his first article on this subject he reported three cases of non-adherent salpingitis, believed to be caused by typhoid fever. In these cases the structures of the tubes were not examined for micro-organisms.

Shauta, Hartman, Marx, Reynaud, Girode, Jayle and others, have also reported cases of salpingitis believed by them to be caused by infected peritoneal serum. The colon bacillus was as a rule found in these cases.

Tuberculous salpingitis, the most frequent form of genital tuberculosis in the female, is by no means a thoroughly understood disease. It is generally agreed, however, that as a rule the fallopian tubes are the organs first involved in genital tuberculosis in the female; that genital tuberculosis is secondary in 90 per cent of the cases; and that there exists more than an accidental relationship between tuberculous salpingitis and tuberculous peritonitis. The method of infection of the tubes with tubercle bacilli is a disputed question. Some contend that the infection is metastatic; others believe that ascending infection through the genital tract occurs most commonly; while a considerable number of observers hold that infection from the peritoneal cavity is the rule.

Metastatic tuberculous salpingitis is believed, by Ehrendofer,[9] to be a not uncommon condition. While this may be true, there is no positive clinical proof that tuberculous salpingitis is a blood or lymphatic infection. Experimentally, Lundowzy, Spano, Rohlff and others, while succeeding in producing metastatic genital tuberculosis in male animals, failed to secure corresponding results in females.

That tuberculous salpingitis may result from infection ascending through the genital tract is, by some, believed to be true in a percentage of these cases. Cohnheim was the first to suggest ascending tuberculous infection of the female genital tract. Fernet and Seville have reported a case of genital infection in a woman resulting from infected semen. Menge,[10] Martin[11] and Orthmann[12] believe that the female genital tract is often infected with tuberculosis in this manner.

Against the theory of ascending tuberculous salpingitis it may be stated that the fimbriated extremities of the tubes are first involved, and the orifices of the tubes are not closed in the early stages of the disease. A tuberculous infection spreading against the ciliary current is also unusual, and, experimentally at least, does not occur. P. Bumgarten repeatedly infected the genital tract of rabbits with tubercle bacilli at different levels, and found that while tuberculosis might involve other structures by continuity of tissue, the infection, in the genital tract, always spread downward and never against the ciliary motion of the epithelium. Amann, after giving the subject much study, believes that ascending tuberculous infection of the female genital tract never occurs.

The theory that tuberculous infection of the tubes may occur from the peritoneal cavity has many adherents. The peritoneal currents of Henle and Pinner may carry tubercle bacilli into the tubes and induce salpingitis. Williams[13] believes that this is by far the most common origin of tuberculous salpingitis. Weigert and others have shown that tubercle bacilli in the pelvic serum may be washed into the fallopian tubes and produce salpingitis without affecting the pouch of Douglas.

Now if infected peritoneal serum can result in salpingitis, how do the tubercle bacilli get into the peritoneal cavity? Sidney Martin, Jani, Ravenal,[14] Welch and others, have found that tubercle bacilli can, and do, pass through the intestinal walls apparently without the presence of mucous or peritoneal lesions, and that often virulent tubercle bacilli are found free in an apparently normal peritoneal cavity. Wright and von Behring believe that very often pulmonary and other tuberculous involvements result from contaminated peritoneal serum, reaching the blood stream by way of the lymphatic channels. From these observations it would seem that it is not essential that macroscopic intestinal or peritoneal tuberculosis should exist to explain an abdominal origin of tuberculous salpingitis.

This brings up the much discussed question of the relation between tuberculous salpingitis and tuberculous peritonitis. Most observers believe that there exists more than an accidental relationship between these diseases; but some hold that the salpingitis causes the peritonitis, and others that the reverse is true. Treves, Wagner,[15] Phillips,[16] Borschke,[17] J. W. Williams[18] and Russel, strongly advocate that the salpingitis is caused by infection from above. Bybee holds that not only are the tubes not responsible for tuberculous peritonitis, but they offer a protection against tuberculosis of the peritoneum by draining the cavity. He offers post mortem and clinical findings in support of his contentions. Some clinicians, among them Mayo, believe that the tubes are responsible for the peritonitis because the maximum intensity of the changes is most often found in the location of the tubes; and removal of the tubes is often of value in the treatment of tuberculous peritonitis.

It is probable that in the female, tuberculous peritonitis can and does develop without involvement of the tubes, but may secondarily contaminate them. It is also probable that tubercle bacilli may be carried by the pelvic currents into the tubes and produce salpingitis in the absence of a tuberculous peritonitis and that the tuberculosis thus started in the tubes may spread to the peritoneum. In considering this subject it should be kept in mind that tuberculous salpingitis begins in the outer ends of the tubes; that the tubes are not closed in the early stages; that there is every reason to believe, from the observations of Illich,[20] Jans,[21] and others, that tuberculous salpingitis in the early stages produces no symptoms, and that Tavel, Lanz and others have shown the tendency of the colon bacillus to pass through the intact intestinal canal and attack diseased structures. Most removed tuberculous tubes are the seat of mixed infection. It may be that this mixed infection has caused some of the most distressing symptoms; and it is possible that the removal of this mixed infection explains some of the improvement following salpingectomy in cases of tuberculous salpingitis and peritonitis.

The treatment of salpingitis is surgical. The indications for treatment, and the methods employed, are, on the whole, generally agreed upon; but various differences of opinion are held regarding certain minor points. As a rule one's views are molded by the extent and variety of one's personal experiences. For this reason we may today frown on what we did yesterday; tomorrow we may improve upon today's work; and occasionally turn back to find that a discarded method has unusual merit.

Removal of the tubes, the recognized curative treatment for all but the mildest forms of salpingitis, should, as a rule, not be done in the acute stages. Most acute cases become subacute or chronic, and it rarely occurs that one is obliged to do an operation, other than drainage, during the acute stages of salpingitis. If it becomes necessary to operate during the acute stage, when pus is present, vaginal drainage should be the operation of choice. An abdominal incision should be made only in exceptional cases.

In doing operations for acute suppurative salpingitis, complicated with pelvic suppuration, the operator should be content with drainage unless he has had an extensive experience in this class of work. The separating of adhesions, and the removal of diseased tissue are more serious than drainage, which affords temporary relief and makes a secondary operation comparatively safe.

Removal of the tubes is, as a rule, best accomplished through an abdominal incision. The vaginal operation, advocated so strongly by the French, has in my judgment, a very limited field of usefulness. After trying this method in four selected cases I have discarded it.

In salpingectomy it is generally agreed that the uterine portion of the tube should be removed, especially in gonorrheal cases. The

ligation of the arteries at each end of the tube; excision of the tubes; and suturing the upper border of the broad ligaments is applicable for all cases. It has been my practice when removing tubes from patients with lax broad ligaments, to either resect a V-shaped portion from the top of the broad ligament, as recommended by Dudley, or to clamp the mesosalpinx and ligate it, which accomplishes the same purpose, namely, shortens the broad ligament.

In doing pelvic operations, complicated by old and numerous adhesions, separation of the tubes from the uterus at the beginning of the operation is of decided value in some cases. This allows one to get between the folds of the broad ligament and separate the tube from within outwards, a more easy and rapid method than working in the opposite direction. Bisection of the uterus, as an aid in some of these cases, may occasionally be desirable. In all but exceptional instances it is unnecessary. Cutting through the wall of the uterus, but not into its cavity, recommended by Richardson, of Albany, may be advantageous and should be kept in mind. All of these modifications of technique may at times be used to advantage; but, as a rule, they are not essential to secure good results.

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LAW AND LAWYERS: THEIR FAILURE TO COPE WITH MODERN MEDICO-LEGAL EXIGENCIES.

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For a physician to undertake to demonstrate the failure of law or presume to criticise lawyers and their special work, would seem impertinent, if not ridiculous. This, however, is exactly the unpleasant task my theme suggests. Nor is this action unwarranted, for so universally common and prevalent has the reverse of this become that we are often reminded of the truth of the proverb which admonishes us "that people who live in glass houses should not throw stones."

Hence we find quite often the science of medicine not only subject to undeserved censure, but medical men generally are severely criticised by lawyers, while the prevailing methods of medical practice are regarded by them with contempt and even disgust; and medical testimony in courts of law is today treated by the legal profession as a laughable farce or standing joke. To turn the tables and place the blame where it properly belongs, would, therefore, seem not only pardonable but absolutely just and warrantable as it comes strictly within the legal province of self-defense.

Moreover, in this discussion of law and lawyers, we think we can demonstrate that both the science as well as the practice of law are woefully deficient and even incompetent to cope with modern medico-legal exigencies, because of its ultra conservatism and lack of up-to-date amendments and requirements, while many of its representatives are given to even more subtle and various polite methods of trickery than can be found identified with the practice of medicine. Indeed as medical men and members of a great and noble profession, while we recognize and deplore the shameful ignominy imposed upon us through the wily, disgraceful and unscrupulous methods of the quack and charlatan, yet we make bold the assertion that no such amount of unethical conduct or more damnable rascality exists today in the medical profession—bad as it really is—than that which is found to be associated with the modern practice of law.

Nor will it be necessary in proving these assertions to resort to any personal abuse or indulge in any unbecoming conduct. On the contrary occasion will be taken to freely quote the opinions of well-known competent lawyers, concerning the weakness of law as a science and the serious evils which now beset the practical administration of law and justice. It would, however, in the brief time allotted me, be impossible to enlarge upon the numerous features wherein the law and lawyers fail to justly adjudicate modern medico-legal exigencies.

Only a few of the more glaring examples can therefore be used and these by way of illustrating the great need of legal reform.

Evils of Legal Technicalities: Perhaps the most conspicuous ex-

ample wherein the weakness of law and lawyers fails to cope with modern medical exigencies, is seen in the "quest on the part of lawyers to detect some obscure error" and thus release the client from punishment on the ground of some real or fake technicality, even where there exists no doubt of guilt. Such flagrant violations of justice have become so very common and universal, more especially in cases where medico-legal questions are involved, that not only doctors but the more ethical members of the legal profession have become ashamed of such travesties and are now advocating and even engaged in devising means and measures for reform. Hence in a recent address before the Kansas City Bar Association, Judge Charles Amidon, presiding Judge of the Federal Court, created quite a sensation among the lawyers who were present in what he had to say concerning this evil. Among other things, Judge Amidon said: "It is the hope of every criminal; this hope of the commission of error. * * * If a man has money enough to hire sufficiently able attorneys to prepare a case with sufficient elaboration, he need have little fear of criminal punishment. And by that I do not charge corruption. I simply confess that a trial judge is human, and with the technical rules of law and evidence in the majority of cases, it is impossible that error shall not be found in the record.

"What is the result of the system in this country? It makes the trial a fight not for justice, but to get error into the record. In English courts, the whole effort is to work out justice, not in the abstract, but between plaintiff and defendant. This quest for error makes the trial of cases here a mere quibble. No more effective scourge can be placed in the hands of the strong with which to oppress and afflict the weak than the easy reversal of cases for matters that do not affect the merits." Commenting on the address the next day in an editorial, the Kansas City *Star* said: "It was opportune that a jurist of the first class should call attention to the real underlying evil of the social system in America, and should do it in a speech to an association of lawyers eminent for their proficiency in the technical devices of the courts. But it is the lawyers who make the courts. It is the lawyers who devise loopholes in the laws. It is the lawyers who take a fee from a known boodler, or other criminal, and squeeze him through one of these flaws of their own devising, to go unwhipped and none the worse for the mishap of being caught."

"The technicalities of courts, for which lawyers are responsible, constitute the underlying evil of the American life. This cannot be too often repeated. Nor is its truth confined to trials of statutory crimes. The technical evasions by which trusts rob the people and threaten the social fabric, as well as the vermicular processes by which boodlers prey unmolested upon society, are the work of the lawyers and could be changed in one day by the lawyers if they would demand the change."

Insanity Versus Responsibility: Then again, the law, as now applied to insane criminals, is at times evidently most unjust and full of

error. The fundamental fault in such procedure is the application of the legal test of responsibility, viz., the knowledge of right and wrong as to the act at the time of the commission of the crime. The fallacy and injustice of such a rule, when applied to the insane, has been so often demonstrated and condemned by medical writers as to need no further enlargement on my part; suffice it to say that its application often proves most unjust and inhuman.

At a recent meeting of the New York Psychiatrical Society, Dr. Pearce Bailey* read a very instructive and valuable paper concerning the improvement of medico-legal methods. Speaking of the right and wrong test he said: A loophole had been left in certain states by adding the uncontrollable impulse clause. When this clause, however, does not exist the fate of the prisoner depends upon the construction which the jury sees fit to place on the knowledge of right and wrong as mentioned in the law.

The question would naturally arise why, if so unsatisfactory, this test has stood so long with so little variation. He claimed, the reasons were evident, defective as the knowledge of right and wrong as a test of responsibility, no better substitute had ever been offered. "Another reason why this law has stood might be found in the fact that the matter is always in the hands of laymen to whom the science of psychiatry is practically unknown. Modern psychiatry demanded that this test be not replaced by another but be done away with altogether." No criminal procedure could be at harmony with modern views of mental disease as long as there was no middle course between responsibility and irresponsibility, and no means of judging between them except those furnished by the knowledge of right and wrong. Nothing, however, had been more plainly taught by recent advances in medical science than that different mental states make different degrees of responsibility.

No law which failed to take cognizance of this fact could be satisfactory to doctors, much less alienists. A law should, therefore, be passed which would overcome not only this, but many other evils of modern court procedure concerning insane criminals.

Nervousness and Incipient Insanity: The treatment now accorded those suffering from the various forms of nervousness also furnishes another conspicuous example where law and lawyers fail to cope with modern medico-legal exigency. Every physician with any amount of practical experience, and who is familiar with the progress made in neurology and psychiatry, can fully appreciate the difficulties which now beset appropriate legal provision and medical control for his nervous invalids or those who suffer from the various psycho-neuroses. The modern medical aspect in the treatment of many such persons at least indicates, if not absolutely requires, *rigid isolation* with more or less *discipline* and even *mild restraint,* and urges this as the one thing pri-

*Journal of Insanity, July, 1907.

marily needful, more especially in their incipiency; and when this is early enforced the probability of a speedy cure is greatly enhanced.

Before resorting, however, to such modern sane curative measures, the law as well as the lawyer informs you that your patient suffering from neurasthenia, hysteria, hypochondria, psychasthenia, simple melancholia, drug habitues, feeble mindedness—or mentally backward children, including simple forms of precocious dementia, all forms of inebriety and even those nervous invalids suffering from simple morbid fears, doubts and impulsions with tendencies to suicide, and even to commit crime, all of these, says the law, must first of all be adjudged insane before they can receive such humane and effective modern treatment. Rather than submit to such imposition, such persons justly refuse such a legal procedure, even when they know by such refusal they injure their chance of recovery; hence, many a person suffering from so-called nervousness, which is often another name for borderland insanity, is allowed to slowly merge from a curable into an incurable condition; and many such, later, become a ward either of the state insane hospital, penitentiary or poor house, for the rest of their lives; and this because the law as it now stands is inadequate to meet such a modern medico-legal necessity. A law to adjust this legal defect is urgently needed and thus prevent the ever increasing tide of insanity and allied forms of criminology.

Legal Aspects of Medical Evidence: The subject of medical testimony in courts of law also offers another striking example of the weakness of law and lawyers and their failure to cope with modern medical exigencies. Indeed, so serious have its attending evils become that not only are the leading physicians demanding legal reforms, but the more ethical members of the legal profession are already taking steps to remedy such evils. As the subject of medical evidence embraces so many features wherein law and medicine fail to agree, I thought I could do no better than use the arguments set forth by Judge Emery, Chief Justice of the Supreme Court of the State of Maine, in his recent able address before the state legislature, in which he suggested the remedy in the form of legislation for such evils.

In this address to the legislature Judge Emery took occasion to recite the many causes which rendered medical expert evidence so very unreliable and even worthless, besides reviewing in detail the many failings of the average medical witness when called upon to testify in courts of law. By virtue of his exalted position and ripe experience as a lawyer, Judge Emery is fully competent to present the prevailing views of the legal profession concerning the doctor and his many failings in courts of law, beside indicate to us the legal aspect of medical evidence from its modern standpoint, which is as follows:

After referring to medical testimony as a necessary evil, he then spoke of the inexactness of medicine as a science and claimed that many dogmas believed and given out today as medical truths may be aban-

doned tomorrow, and the only safeguard against this infirmity is for the medical witness to frankly avow its existence and for the tribunals to recognize it and base their judgment as little as possible on what are simply the theories and doctrines of the day. He then enlarged upon several causes for legal distrust of the medical witness, such as, the natural zeal of the doctor to magnify his profession on the witness stand and parade his learning, with the result of stating his own personal theories and giving these as medical truisms, instead of confining himself to those facts attested and approved by the vast body of the medical profession. The fear of admitting their ignorance in public, also leads many physicians to incur the risk of mis-statement; hence they rely too much on general knowledge and experience without making any special investigation of the matter in controversy; consequently they commit blunders which are inexcusable and leave them open to public criticism and censure. "The mental constitution or temperament of the medical witness," he also claims, is a factor which greatly affects medical testimony, hence some physicians easily become confused on the witness stand and readily get mixed up in their statements, thus contradicting themselves. "The much-debated hypothetical question" is also a prolific source of evil in criminal procedure, as it rarely states the facts fairly and the answers are thus misleading and most unsatisfactory. "The growing practice of having the medical witness attend the trial and hearing the evidence and then placing him on the witness stand and asking for his professional opinion, all of which leads to gross errors in judgment." These and many other causes were cited, but the most prolific cause of the disrepute in which medical evidence is held, according to Judge Emery, is "the partisanship excited in and displayed by medical witnesses."

This tendency, Judge Emery claims is aggravated by two practices, viz.: 1st. "The extra and often large compensation paid," or the retainer fee, which means, the greater the fee the greater the desire to be called as a witness; and 2d, "that of the physician acting as a witness and also as tutor or adviser to the party or attorney calling him." Testimony so given he claims is very unsatisfactory and devoid of value. The bill proposed by Judge Emery, was intended to remedy all these evils by authorizing the court to appoint a medical commission to examine into the merits of the case, irrespective of the lawyers on either side, but unfortunately the bill failed to pass.

Those of us who have had large experience in courts of law cannot fail to recognize the force and validity of the arguments thus set forth in detail by Judge Emery of the many weaknesses which beset the medical witness. There is, however, another side to this question which the learned judge fails to mention, and this pertains to the grievous errors of the law itself together with the many evils associated with its practice. When these are as rigidly scrutinized and as ably presented in all their nakedness, the underlying cause of the various forms of miscar-

riage of justice is readily explained, as this undoubtedly lies at the root of all such evils.

Crime a Business: To think that an alliance is formed between criminals and certain lawyers, thus making convictions almost impossible, seems absurd, if not beyond the comprehension of any sane person. Such, however, is said to be the case, by a leading judge of New York. "It is perfectly apparent," says Judge Cornell, "to anyone sitting in a magistrate's court, where we get to know more about crime than in any other walk of life, that there are regularly organized bands of professional criminals in this city who are daily growing bolder. It is no exaggeration to say that crime in New York is now on a business basis. This is shown in the ease and rapidity with which pickpockets, wire tappers, confidence men and thugs, find bail, and lawyers to defend them. The growing alliance between criminals and certain lawyers has become so open that I have come to know what counsel different sorts of offenders will have appear for them. There are specialists, so to speak, in all branches of rascality." Now what is true of New York, is also true of other large cities not excepting Kansas City. If time allowed there are several other features that could be profitably discussed in this connection, such as:

"Faults concerning the jury system."

"Unethical modes of obtaining and introducing medical testimony."

"The bulldozing arrogance of the lawyer in the examination of the medical witness."

"The refusing to introduce the truth as testimony by the lawyer when it reflects upon his client."

"Faulty methods concerning the examination of one accused of crime."

"Gross ignorance of medical science among lawyers."

This is one of the most serious evils concerning lawyers for many are unable to properly conduct a medical examination and extract the medical truth, owing to their own educational weakness. This subject, however, has already been referred to, in a former paper entitled "Why Railroads and Similar Corporations Lose Their Law Suits."* Then again, the recommendation by Judge Emery that physicians should obey the court subpoena instantly and testify in court like any other ordinary witness, for the common statutory fee. This in my judgment is open to serious objection. Would the leading and most experienced able lawyers of Kansas City be willing to devote their time and talented services for a like condition? Or would even the learned judge himself enjoy such intrusion on his time and talents for such a paltry fee? Moreover, the harsh reflections and contemptuous discussion of medical fees by the lawyer in court, whereby he informs the jury that the medical fee is extravagant and hints that it savors of dishonesty, deserves condemnation and should be regarded as unethical for it is not often ap-

*Kansas City *Index-Lancet.*

preciated by the jury that the fee of the lawyer usually includes 50 per cent or more of the gross receipts of the judgment or verdict.

Inexactness of Law as a Science: Now a pet belief is held by lawyers to the effect that law is an exact science while medicine is inexact and most unreliable. This doctrine is also readily grasped by the newspaper reporters, who in flaming headlines inform the public that the science of medicine as practiced today is too old and antiquated to be of any further use and that its tenets are so misleading that even the more competent medical practitioners are highly impractical men and at best are out of date old fogies. Hence their opinions concerning disease and its prevention and cure are not, in these modern days of hygienic and psychic therapy, worthy of any respect, much less confidence or credence.

Consequently we find the lawyer taking great delight in twitting the doctor on the witness stand concerning the ancient origin of the science of medicine and its relation to all forms of superstition and mysticism, and declares in a contemptuous, jestful manner, to the public as well as to the jury, that because of its hoary age and non-progressiveness, as well as lack of scientific exactness, the opinions or deductions by medical men from its study are not only unreliable, but very misleading and utterly void of any practical value. Such a vicious doctrine is readily acquired by the street newsmonger, who takes pride in reporting it to the public by the aid of sensational headlines, who promptly accepts it as the truth. While, as medical men, we acknowledge the ancient origin of medicine and deploringly recognize its many weaknesses, yet we protest against the unjust charge of being members of an old, antiquated, good-for-nothing, impractical, non-progressive, inexact, dishonorable, pseudo-scientific, medical profession.

Indeed we have listened and suffered from this sort of newspaper rot and lying criticism from lawyers and reporters until patience ceases to be a virtue and the truth needs to be told by an abler pen.

Inadequacy of Law as a Science: It is, therefore, very refreshing to find a lawyer of lawyers, one who is well known and recognized as an eminent legal authority in America, telling us in a recent public address, that while every other branch of human industry and department of intellectual endeavor has gone forward, there has been absolutely no progress made in law for over 5,000 years, and that the same law which obtains today was in force in the city of Athens, 420 years B. C. Such is the declaration of Eugene Ware, the noted lawyer and scholarly poet of Topeka, Kansas. To use his own language: "That so far from being an exact science or a progressive study, there has actually been no improvement in the law or the practice in the last 5,000 years. I maintain," said Mr. Ware, in his address to the Oklahoma and Indian Territory Bar Association, "that there is not a law in our code of legal procedure today that was not in vogue in the city of Nineveh 5,000 years ago, and which was not used in Athens 420 years before Christ."

A severer indictment of the law as a learned profession, and of law-

yers as devoted mainstays of society could hardly be imagined than that. No progression in 5,000 years, no new methods to speed or assure justice and thereby promote the welfare of society. Every other branch of human industry and department of intellectual endeavor has gone forward, while the law has stood stock still. Surely the lawyers have no room to swell up and boast of their superiority in up-to-dateness or scientific exactness unless it be in slick modern modes of trickery to evade lawful justice. Hence they must not complain when we as physicians claim that the law, as administered and practiced today, is wholly incompetent to cope with modern medical exigencies; indeed, we believe that certain laws should be amended and others enacted in order to meet the medico-legal requirements of the age in which we live.

The progressive advance in medical science has rendered finer discriminations in classification and diagnosis of diseased conditions possible and consequent improvement in means and measures for their alleviation, prevention and cure. This, therefore, necessitates similar progress and development in medical jurisprudence as well as demands the hearty cooperation and support of our legal advisers, and when these fail to be forthcoming, as they are today, we as medical men are unable to furnish the sick and afflicted the help and assistance which modern medical science clearly demands, in the scientific care and treatment of morbid conditions involving medico-legal problems.

Unfortunately, from the standpoint of the average lawyer, all doctors are alike, irrespective of their special qualifications, while their professional wares, which consist of their scientific medical knowledge, time, skill, and recognized authorship, together with their manhood and other virtues of character, are considered by them as marketable goods, hence open to all those who choose to purchase at a given price. More especially is this true, the lawyer claims, when it comes to testifying in courts of law for, they reason, we are all members of the same profession, hence, "tarred with the same brush."

Consequently, we necessarily bear the legal brand of being either a medical liar or a vagabond. This is implied when they state that every physician has his price while his testimony can be bought in secret. That there are, undoubtedly, men in the medical profession who will stoop to the lowest depths of financial degradation, and are willing to "sell out" their consciences to the highest bidder we allow, but such men are unethical quacks and charlatans who, however, readily find their counterpart in the legal profession in the form of the "snitch" who also are in but not of the legal ethical fraternity. When, however, any ethical lawyer or doctor by force of circumstances is brought in contact with the questionable methods and statements of a trio of human vultures like the snitch lawyer, the quack doctor and the malingerer, they must remember that they are dealing with the most damnable combination of rascality in existence and must be governed accordingly.

Moreover, we are accused by lawyers of partisanship and re-

sorting to unethical means of favoritism on the witness stand at the expense of the almighty dollar. But what about the lawyers and their failings in this direction? Hear what a member of their own craft has to say. "There are hundreds of lawyers in Missouri," says Judge Roberts, formerly Professor of International Law in the University of Missouri, "who induce people to go to law when there is no good grounud for them to do so. Some of them employ 'snitches' to drum up business. No lawyer ought to be allowed to practice a day after he is found out. Many a lawyer will take a case when he knows his client is clearly in the wrong. Courts are established to enable people to get their rights, not to enable them to escape punishment or judicially to wrong others. The lawyer who knowingly strives to get for his client a lighter punishment or heavier judgment than he believes he deserves may, in the opinion of his fellow-lawyers, be guilty of no offense, but he cannot successfully defend his conduct at the bar of good morals."

A recent article by Samuel R. Moofitt, in Collier's *Weekly* on "Lawyers as Public Enemies," says: "Reformers have been fighting corruption in America for forty years and they are just beginning to learn where their real enemies are. They started with the idea that the trouble was with the politicians. A few years ago they begun to realize that the politicians were only the small end of the evil, and that for every corrupt alderman or boss who sold, there was an equally corrupt and more dangerous business man who bought. They have still to learn that the corrupt business man would be comparatively harmless if he could not hire a legal expert to teach him how to buy safely. No stolen franchise could be held, no criminal trust could stand, if legal talent had not cunningly fashioned a charter and studied out the loopholes in the law."

"Under the code of ethics by which a lawyer is held justified in hiring out his *brains and his conscience to the highest bidder,* the public must always suffer because predatory private interests can always outbid it." "A corporation that is trying to steal ten millions of public property can afford to pay one million to the lawyers that plan and execute the job, but what machinery could be devised by which a community could offer a similar bribe for its defense?" Hence as physicians we contend that the law itself, as well as the lawyers in their interpretation of it, is largely responsible for many of the shortcomings which they now charge to the doctor.

In thus urging these medico-legal reforms some degree of hesitancy would have attended the outspoken methods pursued if they emanated solely from the standpoint of a physician. Those of you, however, who have kept in touch with modern secular literature, cannot fail to have observed the severe condemnation which lawyers have received from the public press, owing to flagrant violations and numerous miscarriages of justice for which they are said to have been solely responsible. Every new issue of the various popular magazines and periodicals, as well as

high class journals and newspapers have articles today in which the rascality of lawyers—and shyster practices of lawyers are laid bare. No less conspicuous in this warfare of exposure of the bold and infamously unethical forms of legal practice now so common is our own local valued and influential papers, *The Star* and *Journal,* whose columns and editorial pages have literally been teeming for some time with details of the many serious evils concerning the statutory law, as it is construed and practiced in our various courts of law.

No apology is therefore needed when we state that the medical profession—bad as it really is—could not possibly surpass the rascality which by common consent, these public conveyances now claim surrounds the law and its practical administration. Moreover, it is also clear to those who have made a critical study of the premises that in spite of the disgrace and calumnious reflections cast upon the medical profession by the unethical conduct of some of its members as well as by certain lawyers, nevertheless, there still remains an ethical medical profession whose members are known to be free from the vices enumerated and whose conscientious scruples and high moral character places them far and beyond the temptations which tainted money offers. This is demonstrated in the knowledge and conduct of their daily professional life and ethical practice; and what is true of the medical profession we believe also applies to that of law and this fact furnishes both these professions their chief redeeming virtue and future hope of success in combating the many evils which are now associated with the practice of law and medicine.

In conclusion, if the law itself was amended to meet modern medical exigencies and the lawyers themselves reformed in their methods of unethical practice the chief cause of many of the evils associated with the solving of many of the more intricate medico-legal problems would thereby be removed; while the doctor and the lawyer would be better prepared to subserve the ends of justice.

Indeed the greatest moral need of our time is a revision of the standard of legal and medical ethics. Reform work will be an uphill undertaking until the professions that absorb the best minds of American youth are purified by the formation of a class sentiment in the law and medical schools, which shall hold it as disgraceful to sell out the public as it is now held to sell out a client and a patient. A conference is therefore urged between the members of the American Bar Association and the American Medical Association with a view of appointing a joint committee with full power to act; and a resolution or motion favoring such a movement emanating from this great and influential county medical organization would not only be conducive towards promoting a higher standard of both legal and medical ethics but demonstrate our practical interest in a modern medico-legal reform, which is sadly needed, beside contribute towards harmonizing the mutual relationship which should exist between the professions of law and medicine.

DISCUSSION.

Mr. John I. Williamson: So many criticisms have been made, and so many different points have been suggested by the very vigorous paper to which we have listened, that it will be impossible to answer any of them fully, and many of them will have to be passed over unnoticed. However, the high standing of Dr. Punton and the commendable end he has in view justify, and his criticisms demand, that an appropriate response be attempted, and where the facts will justify it, a proper defense be presented.

If the legal profession is, indeed, what he has pictured it to be, and what very many other honest and learned men in other professions believe it to be, it merits wholesale condemnation and is in urgent need of reformation.

In the first place it may be well to note that lawyers always have evoked a large amount of criticism, and it is idle to hope that the time will ever come when this state of affairs will not exist. In every contested case there is at least one litigant who must lose. It frequently happens that his sole satisfaction in defeat, as well as his sole excuse for it, is to abuse the law, and slander the successful lawyer. Furthermore, it is one of the rarest things known for the ordinary newspaper to publish anything like a just or even a fairly intelligible report of a trial. In reporting evidence the newspapers are usually sufficiently full and reasonably accurate. In reporting discussions of law points and in the statements of the principles of law, however, it is perhaps too much to expect that a man utterly unlearned in law, as the average reporter is, will do otherwise than commit numerous and gross absurdities; thus it happens daily that in flaring headlines, sensational newspapers herald decisions which the courts never made, and announce pretended principles of law which, every lawyer understands, are contrary to the law, and which every man of sense recognizes as contrary to justice and common right; yet to the great mass of the readers these absurdities go uncontradicted, and by pure repetition are finally believed.

It also happens, no doubt, that both in civil and criminal cases there are many miscarriages of justice. The law in its administration is subject to all the weakness and infirmity of other schemes of human devising. It is beyond the wit of man to put any broad general principle into fixed and definite terms, and then apply it to the myriad of cases which come under its operation, without sometimes causing a hardship to arise even from the operation of a just and sensible rule. The cases where the rule reaches a result in accordance with justice and public opinion are rarely noted; but, if for any reason, justice fails, or public opinion is offended, then the press is loud in its denunciation of the technicalities of law and the rascality of lawyers. The truth is, and every man who is familiar with legal procedure knows it to be true, that the so-called legal technicalities are really rules devised for the furtherance of justice. They are rules, which in the great majority of cases do further

justice, and rules which the experience of hundreds of years, and the sound judgment of disinterested men, trained in the administration of the law, have approved as rules generally working good and not evil.

It is impossible to have a systematic and scientific code of procedure without fixed and definite rules. That unscrupulous lawyers representing unscrupulous litigants do sometimes wrest righteous rules to wrongful ends is beyond dispute; but the rules of law on the whole are based upon sound morality and good sense, and are effective and indispensable instruments in the administration of justice.

Referring to the second point urged in Dr. Punton's very able paper—insanity vs. responsibility—I beg to say that there must be some test to determine the question of insanity, and until the medical profession, whose peculiar business it is to study the operations of a mind diseased, can furnish us with a better guide than that already adopted, the legal profession, like the rest of the world, will be left to decide these matters by the simple inquiry as to whether or not the supposed lunatic is capable of distinguishing right from wrong, and of choosing to do the right rather than to do the wrong. Certainly a man who is unable to know the right, or even if able to know it, unable, by reason of some mental unsoundness, to do it, is in no such mental condition as justifies punishment. Punishment has no excuse except for the purpose of reforming the criminal, or for deterring others from committing a crime. It is difficult to see how one who is mentally incapable of knowing right, or of doing it, is to be reformed by punishment, and it is absurd to suppose that a man will be deterred from committing crime by punishments inflicted upon those who were known to be mentally incompetent to control their impulses.

In his discussion on the topic of "Nervousness and incipient insanity," Dr. Punton, naturally much influenced by his humane desire to cure, hungers for authority to give compulsory treatment. It is perfectly true that patients suffering from the various forms of mental disease, or from alcoholism or drug habits, cannot, as a rule, be compelled to surrender their liberty and be placed in custody, and subjected, against their will, to any sort of treatment, without first having been declared to be insane. This is altogether as it should be. What other rule can with safety be adopted? Is a man to be deprived of his liberty, isolated from his family and from his business, and be compelled to submit to the administration of powerful remedies merely because the attending physicians believe that he is in the first stages of some mental trouble which will likely degenerate into insanity? All that the law requires is that, in a fair and public trial, sufficient evidence shall be adduced to show that the subject of inquiry is not of sufficiently sound mind to be able to look after his own affairs. If he is not so, the court will take charge of his person and of his estate. Dr. Punton says, "rather than to submit to such imposition some persons justly refuse such a legal procedure often when they know by such refusal they injure their chance

of recovery." It would seem that one who is mentally capable of "justly refusing" to be declared a lunatic is also mentally capable of taking treatment which he may need without compulsion.

Referring to the legal aspects of medical evidence, it may be admitted at once that medical evidence is frequently received with suspicion by the courts, commented upon by the lawyers with derision and by the jurors disregarded; that this should be the case is unfortunate; but the character of the evidence itself is primarily responsible for the reception which it meets at the hands of the bench, the bar and the jury. In point of fact, we all know that medical evidence is uncertain. The best physicians are most prompt to admit this fact, and in private conversation will do so readily; yet in many instances when called upon the witness stand, a false professional pride, or a mistaken pride of opinion leads the medical witness to assert as certain that which daily human experience demonstrates is uncertain. The average physician, as a witness, labors under a good many disadvantages it is true. The inquiry usually takes a wide scope. Many questions arise which were not anticipated and he is called upon for an off-hand expression of opinion upon some minor, and it may be difficult, point of human anatomy or medical practice. The trouble seems to be that too many physicians would rather make an emphatic statement than to admit uncertainty or ignorance on the point involved. In addition to this, there are frequently no more violent partisans in the case than the physicians called on either side. They go upon the witness stand, as a rule, biased, it may be unconsciously in favor of the side calling them. A vigorous examination frequently develops more or less pugnacity, and in most instances a physician leaves a witness chair a thoroughly aroused, and sometimes a particularly vindictive partisan "for our side." Jurors see this and discount the physician's testimony on account of it. Lawyers know this tendency of human nature and play upon it; and many a physician who has given clear-cut and convincing testimony in his examination-in-chief permits his resentment, at what he regards as a useless or an impertinent cross-examination, to change his attitude from that of an impartial statement of scientific truths to that of an impatient advocate of a particular interest. To induce him to do this is one of the well-recognized methods of breaking down the force of a physician's testimony, and will frequently succeed when all else fails. The star expert thus leaving the stand somewhat flustrated and with his combativeness thoroughly aroused too frequently seats himself beside the attorney on his side, and proceeds to coach that attorney in his examination of the medical witness summoned by the other side. Thus we sometimes have the spectacle of one learned and discomfited scientist aiding in the discomfiture of a brother scientist no less learned. Is it any wonder that the twelve honest men in the jury box fail to distinguish between the legal advocates and the medical advocates?

The remedy for this state of affairs is in the hands of the physicians themselves. Personally I have never yet seen a physician go upon the witness stand and throughout his stay there conduct himself in an intelligent, dignified and impartial manner without being accorded thoroughly respectful treatment at the hands both of the court and of the attorneys. If such instances are rare, the explanation for their rarety is due from the medical and not from the legal profession.

There is a startling paragraph in the paper just read, upon crime as a busines; and it is boldly asserted that certain lawyers form an alliance with the criminals "thus making convictions almost impossible." It so happens that jurors and not lawyers do the convicting. If a scoundrel is freed in the vast majority of instances, the responsibility for the miscarriage of justice lies with the men who decide the question, to-wit, the jurors, and not with the attorneys, who advocate either side of it. Rumor and sensationalism to the contrary notwithstanding, perjury does not often succeed. It is not an easy thing to tell the truth in all its bearings; but it is a much more difficult thing to tell an intelligible, connected and complicated lie. Furthermore there is, as a rule, in the average jury, an astounding capacity for determining what weight should be attached to the testimony of a witness—his manner, his language, his apparent bias, his interest in the case, the whole spirit and purpose of the man, are, as a rule, displayed before the jury in vivid colors, and though they may not be able to put their judgment into apt words, yet it is my belief that a jury is rarely deceived by a perjurer, and rarely fails to make proper allowance for the bias and prejudice of any given witness, medical or otherwise.

Every lawyer of any experience knows that he is reasonably certain to fail to win any case which must stand or fall upon the false statement of an unskillful liar. More emphatically than anywhere else on earth "honesty is the best policy" in the presence of the jury.

Complaint is also made of the fact that physicians who testify are criticised if they consent to accept more than the usual statutory witness fee. Dr. Punton asks "would the leading, most experienced, and able lawyers be willing to devote their time and talented services for a like compensation?" Well, the fact is, that they do do it. This also is right. Both physicians and lawyers as well as all other learned professions hold, and ought to hold a reasonable portion of their time and all their talent subject to the use of the state in the administration of justice.

The law is also criticised on account of its inadequacy and lack of science, and Mr. Eugene Ware is cited in support of the charge. In the quotation from Mr. Ware's remarks, the amazing statement is made, that "there has been no improvement in the law or in the practice in the last five thousand years." Speaking as Mr. Ware was, to a body

of lawyers, this remark was recognized as a pleasant jest. But this view of the statement seems not to have occcurred to the essayist of the evening. Such a statement, if meant in sober earnest, is too preposterous for a moment's thought. Less than three hundred years ago one hundred and fifty different offenses against the law were punishable by death. Less than one hundred and fifty years ago a man on trial for his life was not permitted to be sworn as a witness in his own behalf; was not always confronted with the witness against him; and was not even permitted to have the assistance of a man learned in law defending himself against the gravest possible charges. Under this system in the reign of Henry the Eighth seventy thousand human beings were executed according to law in England alone. To say that there has been no improvement since those days is simply to shut one's eyes to the facts of every-day experience; not only so but in the vastly more complicated affairs of modern life, questions of right and wrong arise daily of which our ancestors never heard; and yet the law is called upon to deal with them intelligently and justly, and in the main does so. The law is coming year by year to enforce with greater certainty and with greater uniformity the essentials of the moral law. And it is no idle boast to assert that outside the fields of purely material effort, no department of human activity has shown greater improvement than the administration of justice.

The time-honored criticism is also made that "the lawyer who knowingly strives to get for his client a lighter punishment or a heavier judgment than he (the lawyer) believes he (the client) deserves * * * cannot successfully defend his conduct at the bar of good morals." This criticism is based upon a strange misconception of the functions of a lawyer. It makes the standard of justice depend altogether upon what the lawyer believes. It usurps the functions of the judge and jury, and imposes upon the attorney, as a moral duty, the vast responsibility of determining in advance of trial, and upon a hearing of one side only, without the sanction of an oath or benefits of cross-examination, the judgment which should be rendered, or the punishment which should be meted out in any given case. It is difficult enough to tell what justice requires to be done when both sides have had a full opportunity to be heard publicly and exhaustively with a disinterested judge to lay down the law and disinterested jurors to decide the facts.

The experience of centuries has shown that justice is best subserved and truth most commonly ascertained when each side is permitted to bring forward in its own support every fact and every principle of law which the learning, the industry and ingenuity of counsel can suggest, and then to submit these questions of law and of fact to an impartial judge and an honest jury. The lawyer's business is to advocate—to advocate his client's cause by every honest means within his power. The lawyer

who does more than this is a scoundrel and ought to be disbarred. The lawyer who does less, is incompetent or a coward and is no less worthy of disbarment.

It seems to be assumed that it is a simple thing to ascertain the truth. It seems to be taken for granted that in every contested case the lawyers on one side or the other know at all times that one side is right and the other side is wrong. Nothing is further from the truth. No task set for mortal mind is harder than to untangle from a complicated state of affairs "the golden thread of truth."

"What is truth?" said Pilate when Christ stood at the bar of his court. And he, who spake as never man spake returned no answer. The best that human devising can do is to slowly, patiently and laboriously—and oftentimes it may be inaccurately—approximate the truth. He who criticises the law's delays, sometimes criticises with reason; yet nothing is so sure a cover for rascality as undue speed. Many a man has lost his fortune or his life at the hands of the law as well as at the hands of a mob merely because the impatience of men would not suffer the delay necessary to ascertain the truth. Speed is a good thing, but justice is a better.

That there should be a better understanding between the two learned professions than now exists goes without saying. That they should co-operate in those particularly difficult fields in which they sometimes meet along the hazy borderland of insanity, there can be no question; and right thinking lawyers, not less than doctors, will hail with joy the coming of the time when the learning of the medical profession can be brought to shed a brighter and steadier light upon questions of jurisprudence. That improvements will be made along these lines is altogether certain; that the working out of any scheme of improvement will be attended by doubts and difficulties is equally certain; but that both law and medicine are becoming daily better, surer and more accurate servants of humanity there is no doubt. On the whole there never was on earth a time when the law was so humane as today; never a period when the rights of man were better understood, better guarded, more highly respected or more uniformly enforced than today. In the battle of life the weak stand a better chance today than ever before. The disparity between the rich and the poor is less in the courts of law today than at any time in the past. The judiciary as a whole is more learned, more earnest, more honest and more diligent than ever before in the history of the race. The right to life, liberty, property and the pursuit of happiness never had so many warm advocates, nor so many weapons of offense and of defense ready at its grasp as it has today; and to this state of affairs the legal profession has contributed its full part. Lawyers have preserved, and perpetuated by their laws, what soldiers have won on a thousand battle fields; and every battle fought for liberty would

have been useless bloodshed, had not the principles of freedom and justice thus vindicated been crystalized into the written law. Save one, there is no nobler profession, and save one, there is none which is more highly regarded, more sincerely reverenced than is the profession of law by the lawyers themselves. Lawyers of the better sort are the sworn ministers of justice, and so regard themselves.

This feeling found expression from the pen of Justice Bleckley in an apostrophe to the law, when he retired from the Supreme Bench of the State of Georgia, after more than twenty years of service there; and every lawyer, after an honorable career in the practice of his profession, who retires from its activities, voices with equal fervor and with equal regret Judge Bleckley's lines:

"My grand, majestic mistress, viceregent here of God,
I quit thy special service, but stay beneath thy rod
An old and humble servant, uncovered and unshod."

ART OF PRESCRIBING.*

BY J. C. MATTHEWS, M. D., SPRINGFIELD, MO.

Somewhere back in the forgotten past, primitive man, in seeking relief from the ills to which flesh is heir, originated the prescription; in what manner and under what circumstances we can only conjecture.

From the oldest records we find that medicine and religion were united under the priest-hood, so it is not difficult to imagine that the first treatment of the sick by the priest took the form of prayers and incantations, accompanied by the blowing of horns and ringing of bells. In fact, such is the treatment practiced by the savage people of the world at the present time. And some of the people of this country, who would feel morally offended if we should refer to them as savages, still attempt to heal physical ills by spiritual means.

Thus primeval man came to the priest or medicine man, seeking relief from his physical suffering and made of this a form of worship, which was oftentimes elaborated by the priest into a religious system, in which they taught the people that sickness and suffering were afflictions sent on them by the gods and spirits, and that relief might be obtained by doing penance and making atonement to the supernatural powers and rendering homage to the priest. So it is but natural to suppose that priests, having abundant opportunity of seeing sickness in its various forms, were the first prescribers for its relief in anything like a systematic way.

The first prescriptions no doubt consisted of prayers, rendered to the gods, and various nauseous mixtures given to the patient, and the more nauseous the better, as these mixtures were believed to aid in expelling the evil spirit. As all diseases were at one time thought to be the result of evil spirits or demons in the human body, the patient perchance, was given a compound of balsams, aromatics and spices for the reason that these were burned in the temples to attract the attention of the gods, it being believed that their olfactory organs were especially partial to the pleasant aroma arising from the burning incense.

So it is likely, in fact written records confirm the conjecture, that from nauseous drugs, because they were believed to be obnoxious to evil spirits, and from aromatic preparations, because they were thought to be favored of the gods, the first pharmaceutical remedies were prepared and given to the sick by the priest, who at the same time invoked, by prayers and incantations, the aid of the higher powers to direct the medicine so that it would ease and heal the afflicted.

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*Read by title at the Fiftieth Annual Meeting of the Missouri State Medical Association, Jefferson City, May, 1907.

And the priest, after a time, noted that certain remedies in certain conditions seemingly always produced the same result, such as sweating, vomiting and purging, ease of pain, etc. It being observed that through the use of these remedies many recovered more promptly from their ailments, a written record was made setting forth the form, manner and conditions in which these remedies were used; and here was laid the foundation of scientific medicine and the art of prescribing.

It is said that the oldest written prescriptions in existence are papyrus rolls preserved in the Berlin museum. They were taken from tombs of the second dynasty of Egypt, and in form are somewhat like those of modern times. They recommend the milk of different animals, salt, vinegar, honey, lard and ammonia, etc., for internal administration, and plasters and raw flesh for external applications, and the prayer and supplication to be rendered to Osiris.

Thus we see that the prescription is a legacy handed down to the medical profession from the time when superstition and medicine were united under the head of religion.

But as medicine advanced, which it did slowly for ages, and as its truths and principles were better understood, it gradually left behind, one by one, the superstitions that bound it to religion and held it back. Finally freeing itself from the dogmas and superstitions that were trameling and retarding its progress it has rapidly advanced until now it is one of the leading sciences of this age.

Religion yet burns incense in the temples of superstition; but medicine advancing and seeking the light of truth retains nothing of its priestly origin except the sign of Jupiter which comes from the age of Falic worship, and is now the superscription of our written prescription. The ability to write a prescription in classical Latin with its superscription, basis, adjuvants, correctives, vehicles and subscription, all properly and correctly arranged, with due regard to dosage, synergists and incompatibles, however much to be desired, does not embody the whole of the art of prescribing by any means, but is only a part of it.

The art of prescribing consists in the ability to employ rational and scientific means to an end. It is immaterial whether these means come through a written prescription, a verbal order, or are applied by the physician himself, so long as they follow knowledge and good sense.

Hippocrates, the first recognized master of rational prescribing, laid down the rule that most cases of sickness treated by limited diet, rest, purging and hot teas would recover. And what was true in his day is true now. But we of the present time seek to be more specific in the application of remedies. Along with rest, dieting, etc., we seek to find a specific cure or preventive, and our success on these lines has been wonderful. And in the ability to apply a specific in any dis-

ease or a preventive consists the true art of prescribing; but between the art and absurdities of prescribing there are many intermediate forms. And someone in the past, taking knowledge of the absurdities practiced by some members of the medical fraternity, has said, "that the practice of medicine is the pouring of drugs of which we know but little into a body of which we know less," and in reviewing the method of some physicians, whose time of life and place of residence would entitle them to membership in this society, we realize only too well the correctness of the above definition. Now let us compare some of the absurdities of the past with a few of the present. Some of the absurd things of the past were, a wolf's head, an ax, or a tub of water under the bed for night sweats; pole-cat oil for membranous croup; tieing knots in cords to remove warts, wearing of strings and charms around the neck for nose bleed; carrying buckeyes and potatoes for rheumatism; three drops of blood from the end of a black cat's tail for shingles; cutting open live chickens and binding them to the feet for croup; dilation of the os uteri for spitting of blood, on the theory that the os being closed the blood could not escape, but was backing up the fallopian tubes and over-flowing into the bronchial tubes. Mistletoe was used by the Druids to aid in conception, though drugs having an opposite effect are much sought for by the laity in this age. These, as we have just said, are some of the absurd things of the past, and some of them not so very far past either. Now let us glance at a few absurdities as practiced by physicians of more recent date. Here is one, a beautiful example of polypharmacy:

Iodoformun	.2
Chloral Hyd.	
F. E. Gelsem	
F. E. Blk. Cohosh	aa .6
Citrate Bis.	4.
Caffeine et Natrum Sal	
Phenacetine	
Antipyrine	
Salol	aa 3.
Podophyllin	.5
Pilocarpine	.1
Tr. Nux Vomica	
Tr. Opii	aa .6
Red wine	
Spr. Yerba Santa	aa q. s. ad 150.

M. S. Teaspoonful every four hours.

Gentlemen, this is no fairy story, but a bona fide prescription used in practice by a physician of this state, a graduate of a German university.

Another absurdity is for a physician to load his patient down with prescriptions, and at his next visit set these aside and give a new lot,

so that before he is through with the case he has sampled most of the official drugs and some that are not official.

Now as unscientific and absurd as are these old time remedies, and more modern prescriptions and methods, are they any more so than things of which we are guilty every day? We prescribe proprietary medicines, whose formulae remind us of the prescription cited above, and often the reasons for prescribing these are just as logical as were the reasons for the use of the remedies of the ancients cited above. We prescribe proprietary remedies of which we know nothing, as a rule, as to strength, composition or honesty of construction, not because we know them to be time proved and scientifically tested remedies, but because of wonderful advertisements and glib-tongued detail men. We as professional men who claim to stand in the foreranks of scientific application of sanitation and public health, have, I am ashamed to say, shown that we are as susceptible to the advertisements of the proprietary remedies as the laity is to that of the patent medicines. About the only difference between proprietary remedies of a certain class, and patent medicines is that one is advertised direct to the public, and the other accomplishes the same purpose through the medical journals and detailing the physician, and thereby saves money. A physician by the use of proprietaries shows his laziness or ignorance and acknowledges his inability to prescribe rationally for the conditions confronting him. Where there is a specific let him use it, and if there are none let him use the official preparations that are most nearly indicated by the symptoms of the case.

Why study materia medica if we are going to use "hand me down" remedies, guaranteed to fit all conditions of the human system—and cure all diseases—remedies made by someone who generally knows less of drugs than we, and who would not recognize the diseases for which he recommends his nostrums, if he met them in the road, and who never saw the patient? Some proprietaries may have virtue, but when our patients get critically ill we generally go back to first principles and prescribe simple drugs and remedies of which we have some knowledge, such as are official in the U. S. Pharmacopœia, and National Formulary, or are magisterial, and of their action we know from experience. When these are properly compounded they are not to be excelled by any remedy, extolled by a person with no other interest at heart except that of commercialism; so why not commence, and continue, as we are likely to end, by using remedies of which we know something.

The official preparations of the pharmacopœia have been tested by time and experience, and will be used as medicine so long as medicine is practiced.

A physician who thoroughly understands the action of ten or twelve official remedies is better equipped to practice and is a safer physician than if he had all the proprietaries in the world at hand. By proprietaries we do not mean official pharmaceuticals compounded and

put on the market by reputable firms; but we mean remedies in which the right to manufacture is vested in an individual or firm, the ingredients of which, manner of compounding, amounts of drug in compounds, are unknown to us, or the name copy-righted. It is just as sensible to read an almanac and prescribe the patent preparations it recommends as it is to prescribe many of the proprietary remedies. And we would suggest when a detail man calls at your office and begins to talk to you of a remedy of which his house is the sole owner, and no one else has the formula or right to compound and that it is a certain cure, that you gently but firmly inform him that this is your busy day.

A physician who has a proper understanding of physiologic and therapeutic actions of drugs will make his prescriptions few and simple. He does not need the advice of a proprietary house as to what remedies to use, and he should never so forget himself as to prescribe a proprietary the ingredients of which he knows nothing, but will give the remedy that his knowledge and experience teaches him is indicated, with its adjuvants and correctives, in a suitable vehicle or form.

It is our duty to administer medicine in as palatable a form as possible. The giving of remedies in a pleasant form is a thing that we should study more, for it is our duty as physicians to make our patients as comfortable as possible, and not inflict on them a lot of foul-smelling, ill-tasting things that we ourselves would not take, and would discharge a physician for giving them to us.

Another thing of more importance than the palatability of remedies is to know that they are compounded and dispensed by a competent, reputable and conscientious pharmacist, of the best drugs to be had. Many a doctor has lost both patients and reputation through a dishonest druggist who used inferior drugs, substituted, or did not compound properly.

All prescriptions containing such drugs as opium, chloral, cocaine, etc., to which the patient might become habituated, should have written on them, "not to be refilled, nor a copy given."

To get the quick effect of such drugs as digitalin, strychnine, morphine, atropine, cocaine, etc., give them dissolved in as little water as possible; ¼ grain of morphine given in 10 drops of water, and not followed by fluids of any kind for ten minutes, will never reach the stomach, but will be absorbed from the mucous surfaces of the mouth and esophagus and have almost as quick an effect as it would if given hypodermically, while the same remedy given in an ounce or two of water will not have an effect until the water is absorbed into the system, and if the stomach is not acting it will have no effect at all.

Over-prescribing is to be avoided. Do not give eight ounces when one ounce is all that is necessary. Allow for the limitation of diseases and change of symptoms, and give as near as can be judged the amount of medicine needed. In acute cases just enough medicine to last until the next visit is sometimes good policy.

In the giving of directions we should be as brief and plain as possible, saying just what we mean and no more. When we mean a teaspoonful in water every two hours, let us say so—not a little of this or that, on something or other every now and then, or semi-occasionally. Our patients will respect us more for being explicit, and have more confidence in our ability, for plain directions show that we have a definite object in view and are seeking to attain it.

The directions for food and drink should be just as explicit and plain as those for medicine. We should say just exactly what the patient should eat and drink, when and how much. If we say in a careless way, "Oh, a little of most anything whenever he wants it," the patient is liable to overdo the matter; then we are blamed if he should have a relapse. Leave as little as possible to the desires and wishes of the sick, for their appetites and cravings are not founded upon reason and experience guided by a properly trained judgment.

Give the laity to understand that drugs are not the only remedies on which the regular physician relies. Too long they have been allowed to believe that the physician's knowledge of remedial agents is limited to a few powders and tinctures. Many cases do not need drugs and we should tell them so and as true physicians recommend the remedy that is suited to the case.

Teach the public that the medical profession recognizes the benefits to be derived from such things as food, drink, occupation, rest, electricity, sanitation, physical exercise, hydrotherapy, massage, suggestion, etc., and that he has a thorough knowledge of these things as remedies, they having been used by physicians in the treatment of diseases since such a thing as treatment of disease was known.

If we would pay a little more attention to these things and use them in their proper places, letting the laity know that these are remedies and means of treating diseases that belong to the regular physician, and that regular practice of medicine embraces within its system all rational means of easing pain and curing disease, we would strike a hard blow at charlatanism, quackery and frauds, for it would be recognized at once that what little of truth these irregular systems may have was stolen from the old school of medicine.

Medicine is a progressive science founded upon a knowledge of the laws of health, the human body and mind. And the art of applying remedial agents, governed by experience and judgment and a willingness to use any and all rational and scientific means for the relief of pain and the cure of disease, marks the difference between the broad and scientific system of medicine, and all others.

"We, who are to no creed or dogma bound,
"Seize the truth wherever found,
"Be it on Christian or heathen ground."

PERSONAL EXPERIENCES IN THE REMOVAL OF URETERAL CALCULI.*

WILLARD BARTLETT, M. D., OF ST. LOUIS.

These concretions may exist alone or associated with similar bodies in the kidneys. In the four instances about to be described I removed calculi from the pelvic portion of the ureter, and in one case took a stone out of the kidney on the same side; in another did this for the opposite kidney.

Without doubt these little bodies usually originate in the pelvis of the kidney and proceed downward until they are arrested in this or that portion of the ureter, in very much the same way that the larger per cent of gall stones are ordinarily formed in the gall bladder; and at some time or other in their life history gain access to the efferent ducts.

I shall especially call attention to the fact that this malady is far from uncommon. A decidedly larger number of patients carry a stone in the ureter than ordinary clinical methods would lead us to suppose. This is evidenced by the fact that such individuals have usually gone the rounds before a correct diagnosis is established. The four to whom I shall refer to-day had all been treated, and one of them operated upon, for conditions other than that which proved to be of primary importance. Naturally the key to the situation is the intelligent use of the x ray as an aid to diagnosis.

I am convinced, as is Dr. Carman, who has done this work for me and whose paper follows mine, that a proper technic will show when there are stones in the ureter, and I am sure that my claim will not seem exaggerated when I state that one of my patients was an extremely fat woman in whose pelvis a stone no larger than a number six shot was demonstrated, and later found on the operating table.

In some of my cases the urine analysis has been of very little diagnostic aid, while in one, a man with a stone in the left ureter, the factor of pain was particularly misleading, since, being on the right side, it led to the removal of his appendix, an operation which was of absolutely no benefit.

The reason for removing these tiny bodies is that they are likely to lead to a damming back of the urine above, with consequent dilatation and serious infection of the pelvis of the kidney, a pathologic sequence which is too well known in connection with other maladies to necessitate a detailed consideration here.

In operating upon these four patients during the last year I have developed a routine procedure which has proven exceedingly simple and highly satisfactory. As a matter of course the subject can be regarded as relatively new, depending as it does upon the recent introduction of the x ray for the detection of these bodies, and it is, therefore, not to be

*Read at the Fiftieth Annual Meeting of the Missouri State Medical Association, Jefferson City, May, 1908.

wondered at that the various authors who have written on it should still differ as to just the best method of procedure in a given case.

Some of the proposals which have contemplated removal of these concrements would make it seem a difficult, if not sometimes a dangerous procedure. I am able to state, as a result of my experience, that stones of moderate size lying anywhere in the pelvic portion of the tube, are very easily found and extracted, in the following manner:

1. An incision is made parallel to the external border of the rectus muscle extending from the semilunar fold of Douglass to the pubis. This goes down to the peritoneum, which is not opened but gently pushed toward the middle line, the hand of the operator keeping as close as possible to this membrane, which will drag the ureter into the wound, so intimate is the attachment between them. I never found it necessary to use a single hemostatic forceps or retractor in following the line of cleavage which leads straight to it, and in this way exposes it from the brim of the pelvis to the bladder.

2. With the tube between the thumb and first finger of the left hand, it is a perfectly simple matter to follow its entire pelvic course, and thus locate a stone imbedded in it. In fact, I have accomplished this in a patient who was so fat that I could not at any time see any portion of the tube lying at the bottom of a deep wound; in general, I rely very little on the sense of sight in this connection.

3. The stone is tightly held between the thumb and first finger of the left hand, the wall of the ureter, which is stretched over the same, is nicked with the point of a sharp knife, and the stone squeezed through the tiny opening which stretches to accommodate its passage. The first time this is done the operator will be astonished at the ease with which the stone finds its way out of its resting place into the grasp of the thumb and finger above mentioned, it not being necessary to introduce the right hand or any grasping instrument into the wound. (In three of my cases it took less than ten minutes to accomplish this. In the fourth the operation was somewhat longer on account of delay in locating a very small calculus.)

4. No stitches are taken in the ureter. In fact, the tiny wound is never seen at all. A fine cigarette drain is carried down to the vicinity and the abdomen closed except at the lower angle.

It may surprise one who favors a more complicated method to note that the odor of urine has never been detected on the dressings of any one of my four patients, though the stones removed have varied in size from a number six shot to the smallest marble. The drain has always been removed on the fifth or sixth day, the healing has been complete a few days later, and all of the patients have been up and perfectly well within two weeks.

This method makes possible three most desirable objects, viz., the use of a small abdominal incision, since the work is performed by the aid of touch alone; a minimum of injury to the ureter, since the stone

is squeezed through an opening smaller than itself; a short, simple operation, since no closure of the tiny ureteral wound is required.

Case No. 1. Mr. F., forty-five years of age, a railroad conductor by occupation, had suffered for about five years with an indefinite abdominal trouble prior to 1902, in June of which year I removed his appendix. This was done after consultation with competent observers for what seemed to be chronic disease of this little member. After this he gradually improved for a year, when he remained pretty well for a second year but then his old-time symptoms returned and for the next two years he was never free from a dull, constant pain, low down in the right abdomen. This was constant unless he remained perfectly quiet. There was a great deal of digestive trouble; food oppressed him and he vomited occasionally. Months of strict diet did not benefit him, nor did a rest cure or change of climate. The urine showed a very small amount of blood and pus. In April, 1906, Dr. Carman located a small stone low down in the left ureter, and a few days later this was removed in the manner above described. The patient made a perfectly uneventful recovery and has remained free from his former symptoms up to the present time.

Case No. 2. Mrs. B., forty-one years of age, was first seen by me on November 17th of last year. She had been suffering from distinct colicky attacks of pain in the abdomen since the April previous. This had been more pronounced in the left side, and darted down toward the pubis. The only trouble she had ever had with the urine was that it would suddenly stop at intervals in a manner which she could not understand. There had been one particularly severe attack of colic about three weeks before I saw her, and for a number of hours she was totally unable to pass any urine. Urinalysis, frequently repeated, showed nothing but a little albumen. She was sent to Dr. Carmen, who discovered a small stone in the pelvic portion of the left ureter. This was removed in less than ten minutes, although she was an exceedingly fat woman, and the procedure was rewarded by an immediate subsidence of all the manifestations which had formerly been noted. She, too, has remained perfectly well until now.

Case No. 3. Mr. H., forty-four years of age, a druggist, had been sick for three years with indefinite pain all through the abdomen, when he came to me last October. Fourteen months before he had commenced to experience typical attacks of renal colic in the left side. These were exceedingly severe and usually followed by blood in the urine. Urinalysis showed all sorts of crystals, blood, pus and an acid reaction. Dr. Carman demonstrated with the x ray a solitary stone in the left kidney, and a very small one low in the right ureter. On October 27th, the left kidney was brought to the surface, incised through its cortex, the stone removed and the incision in the viscus sewn up with catgut. Then at the same sitting the stone was taken from the right ureter in the manner described above. There was never any leak from either wound, the

patient recovered rapidly and has been perfectly well ever since. He has gained greatly in weight and expresses himself as being the happiest of men.

Case No. 4. Mr. M., sixty-two years of age, a merchant, presented himself in February of this year with a history of having suffered twenty-four years from colic. He had thought nothing of this until about a year ago when it became so severe in the right side that he was unable to endure it longer. His pain was greatest in the right flank and thigh. It would exist for several days at a time, and then disappear for a similar period. His urine contained blood and pus and was of an acid reaction. Dr. Carman's x ray picture showed a stone in the right kidney and another in the pelvic portion of the right ureter. The kidney was treated in exactly the same way as in case No. 3, and a separate incision made for the stone in the ureter, as outlined above. For a time there was leakage of urine from the kidney wound, but never any from that in the ureter. The patient was out of bed in a couple of weeks and in a letter received from him a few days ago he states he has never been in better health.

It will be noted from these four histories that a wide range of symptoms are possible where a stone exists in the ureter. My experience leads me to believe that a diagnosis is usually difficult, and even impossible, with the clinical means usually at hand. I would therefore venture to draw from my cases the one very important lesson, that all patients presenting obscure abdominal symptoms which cannot be explained in any other way, should be x rayed for a stone in the ureter, especially if there be microscopic evidences of blood or pus in the urine.

DISCUSSION.

Dr. M. G. Seelig, of St. Louis: It would probably be not an exaggeration to say that the x ray is not only of inestimable value to the surgeon from the diagnostic point of view, but that the value is even more incalculable than the term inestimable connotes. Yet, even granting the great value of the x ray, we must not be unmindful of the fact that the value of the x ray lies not so much in the finished plate that lies before the surgeon and the roentgenologist, as it does in the interpretation of that plate. Therefore, when we say that the x ray is invaluable, we mean to imply that the counsel of the man who takes that plate and who is best fitted and calculated to interpret that plate, is the invaluable factor in x ray work. It is well known that there are many factors of error that enter into the interpretation of an x ray plate. I purposely avoid mentioning them, because the subject will be taken up here later in the day, and I feel that I should be intrenching on the domain of the reader of that paper, but the fact remains that it lies in the power of the expert x ray man, the thoughtful x ray man, rather than in the domain of the surgeon himself, who has of necessity less experience than the x ray man in inerpretating these plates.

These remarks are apropos of a case of my own, operated on some ten weeks ago, which illustrates the great difficulty which hems in this work on all sides. A young woman came with a history of typical renal disease. Suffice it to say that her pain was intense, radiating along the ureter; blood in the urine, and an obstruction in the ureter about three inches from the bladder, as manifested by the inability of an expert cystoscopist to pass the catheter. An x ray picture was taken, and disclosed a typical shadow of a ureteral stone, typical in shape, contour and situation. In order to be on the safe side, the patient's pelvis was photographed five distinct times, and each time there came confirmation of the original picture. The only suspicion that was aroused in the mind of Dr. Carman, who did the work for me, was based on the fact that in one of the plates the stone appeared somewhat higher than in the others, immediately suggesting to his mind that there was an element of uncertainty in interpreting the plate. That woman's ureter I exposed extraperitoneally from the pelvis of the kidney down to the bladder, and found absolutely no evidence of a stone, after manipulating the ureter for some five or ten minutes. (The exposure was accomplished with exactly the ease that Dr. Bartlett outlined). Before closing up the wound, however, I decided that between the unopened leaves of the peritoneum I would explore as far as I could in the peritoneal cavity; and it was rather remarkable to me with what ease I could pick up the tube and the ovary and various intestinal loops, in spite of the fact that the parietal peritoneum was intact. I picked up the appendix, and in palpating it came upon a small dense stone. I then opened the peritoneal cavity, and found the appendix adherent to the ureter. The stone lay directly over the ureter, which accounts for the reproduction of it on the plate. There only remained to be accounted for in the clinical history evidences of blood that we got in the urine, and I find that there have been two or three papers written, describing a toxic hematuria, due to appendicitis, but the symptom complex has not received the attention in general that it merits.

It happened that in the course of six weeks I had three cases, in all of which I suspected kidney disease, and in all of which there was an outspoken appendiceal disease, and no renal disease. After the operation on my case, Dr. Carman was kind enough to show to me an obscure German journal, in which there was an article by a German surgeon, who was advocating the establishment of the diagnosis of appendicitis by the x ray, and he reproduced some very beautiful pictures of coproliths in the appendix, as shown in x ray photographs.

The case, of course, is an interesting one. In fact, I believe it is the first case to be reported of an appendix stone simulating in its entirety the picture of a ureteral stone. The obstruction to the ureteral catheter was due to the fact that the ureter was kinked at the spot where the appendix was adherent to it.

Dr. Roberts, of Kansas City: I have been very much interested in

the paper and the remarks, and I just merely want to emphasize some of the points that have been brought out. I want to first ask the essayist the location of the stones he referred to.

Dr. Bartlett: The pelvic portion, close to the bladder.

Dr. Roberts: Was the attempt made through the ureters into the bladder?

Dr. Bartlett: No.

Dr. Roberts: I was surprised the first time I ever attempted to remove a stone in this way, at the great ease with which you could deflect the peritoneum, and stay outside of that cavity. Some have said that it would be impossible to do. Just as it has been brought out here, it is a very easy operation if proper care is used and I was very much surprised the first time I attempted it.

In regard to the urine. I know I watched the first patient on whom I attempted this operation, I have tried it in only three other cases. I was afraid of the urine, but just as the essayist says in his paper, there was absolutely no trouble in that connection whatever. I left my drainage in for four or five days. One little point in regard to one of these cases on which I operated. I found the stone in the same location the essayist speaks of, and I found three other stones just above the ureteral opening into the bladder. They had passed down there some time previously, had ulcerated their way through the ureter, and were lodged just outside of the bladder; I removed those stones also. My patient got up without any complication or trouble whatever. I think this method will open up a new field of work. It has been very satisfactory to me, and I have done some vesical work in the same way, that has been very satisfactory also.

SOME REFLECTIONS CONCERNING THE GENERAL PRACTITIONER.*

BY J. ROBT. BUCHANAN, M. D., OF NEVADA, MO.

If I were called upon to describe the most important personage in the average community, I would unhesitatingly turn my attention to the character and qualities of what I conceive to be a model general practitioner of medicine and surgery; and that I may present such an individual to your attention today, I beg your indulgence for a short period of time.

What is a general practitioner? In what way, or ways, is he distinguished from others of his profession? Let us see; this man is in many ways synonymous with the old-time "country doctor," so beautifully and correctly depicted by Ian MacLaren in his masterful and pathetic book, "Beside the Bonnie Briar Bush."

The general practitioner is a factor found in every community. His habitat is not limited to the isolated country district, but as well is he found in the thriving village, in the prosperous and growing town, and in the bustling and active city.

It was thought at one time, and but a few years ago, that the general practitioner was destined soon to be a character of the past; that the rapid subdivision of medicine and surgery into specialties had sounded his death-knell,—but not so,—he has quietly, gently and firmly pursued the even tenor of his way and has grown and multiplied in the midst of the hot-house soil of the specialist, proving again the old proposition that what the public needs they will nurture and preserve. In the very essence of the case the general practitioner becomes a necessity.

The old adage that "a jack of all trades is good for none" is in no way applicable to him.

Necessarily the general practitioner must be a versatile man. He must be a man of parts, a man of intellect, a man of conscience, a man of heart, one schooled in the finer sensibilities of his kind, a man of courage, a resourceful man, a God-fearing and a man-loving man.

These are some of the characteristics that must enter into the foundation structure of his make-up. The greater number of these he possesses, and the more marked in degree they are, the grander and more successful will be the superstructure built upon them.

To be a successful general practitioner it is necessary that he should in the first place be a student, not only of books, but of men. He should have a mind well stored with the fundamental facts of medicine in all its branches. This becomes necessary as a basis upon which to construct his future building.

He should be, and is, a close student of medical literature, keeping himself abreast of his rapidly progressive profession. He should be conversant with the latest and most efficient means of diagnosis.

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*Read at the Fiftieth Annual Meeting, Jefferson City, May, 1908.

He should have an eye, an ear and a touch acutely attuned to the observance of signs and symptoms of disease.

He should have judgment, quick and strong, and positive to correlate these signs and symptoms and formulate a correct diagnosis.

He should be able to take this first and most important step in the interest of his patients, to definitely and correctly determine the character of the existing disease.

There is, in the mind of the general practitioner, no more important matter to engage his attention than that which meets him on the very threshold of his work,—to-wit, a correct diagnosis. He must fully appreciate the great importance of this duty. He is not satisfied with a partial or incomplete examination. He must know the reasons for this deflection from the normal standard. He fully realizes that upon a correct understanding of this matter depends all his future success in benefiting his patient. He may not be able on the first or even the second examination, to correctly determine this question, but he is persistent, painstaking, assiduous in prosecuting his investigations, and is only satisfied when he is able to announce a definite and correct diagnosis.

This matter satisfactorily determined, he is now able to turn his attention to the next, and but little less important matter; that of a thorough investigation of the individual character, temperament and personal traits, as well as the family history of his patient.

This to the general practitioner becomes a very important matter, and from years of practical experience he has learned that all these elements play a very important part in the result.

He understands that each case is a law unto itself; and to know the patient often becomes equally important to a knowledge of the disease. In making up his inventory of the patient he exhibits his acute knowledge of men, learned by years of close observation.

With a definite knowledge of the disease and a correct estimate of the personality of his patient, he is now ready for the next step, an observance and appreciation of his environments. This to the general practitioner often becomes a matter of the most profound concern. He well knows that this element will tell with powerful influence for good or evil upon his patient. All other elements under his complete control, this one thing may defeat his best directed efforts. As a matter of professional interest to himself, and of vital interest to his patient, he has long since come to view this matter as being of paramount importance. Consequently he never rests until he has placed his patient in the most favorable surroundings possible under the circumstances.

With a correct diagnosis, a full knowledge of the personal equation and, as far as possible, control of the environments of his patient, he now approaches that duty, which to the public seems of more importance than all others, and upon which he must bestow much thought and draw largely from his stock of knowledge and past experience.

He now stands face to face with the question of treatment, a question often as complex and diversified as the leaves of the forest; one

teacher calling "lo here" and another authority saying "lo there;" one school advocating this method of treatment and another school that; one eminent authority asserting with dogmatic precision that this remedy only is applicable, and another equally eminent authority declaring that another remedy is the one *par excellence;* one authority declaring without hesitation or limitation that the disease under consideration is a self-limited disease, that it must run a given course, and last a definite length of time, and that no form of treatment will appreciably modify or cut short its course, while another writer more modest, more diffident, but after extended personal observation, may mildly suggest that it is possible, yes, even probable, that another form of treatment may not only arrest, but even abort the disease in question. What will be the predicament of a timid, vacillating, weak-minded man, in the midst of this maelstrom of doubt and uncertainty? He is lost, irrevocably lost.

Now steps upon the stage our robust, level-headed, thoughtful, accomplished, general practitioner. He who has long since become familiar with the dogmatic teachings of our upper garret authors, men who can and have written books from a purely theoretical standpoint, with possibly no practical knowledge of the subject upon which they have written.

Knowing full well that even the most astute and learned among our authors frequently essay to write upon subjects about which they are not fully informed, from a practical view point; knowing that an author's well-earned reputation, as regards some subjects, has given him such a hold upon the profession that they are readily inclined to acknowledge him an authority on all subjects, when in fact his knowledge is very limited except along the lines of his specialty; now comes our general practitioner, he who has learned self-reliance, he who has exercised his powers of observation and added to his stock of knowledge, gained primarily from his college studies, and largely enhanced by a wide scope of reading, that broader and deeper and more enduring knowledge obtained from a close application of his mind to the facts that constantly present themselves during years of active practice.

He comes not with egotism, not with the idea that he now knows it all, but modestly, quietly, gently, with the mind of the student of nature, with all his faculties on the alert, with only one object in view, the relief of the sufferer, realizing the importance of every step that has been previously outlined, and from force of habit relying upon his own powers of observation and his experiences in practice, and believing in his inherent right to depart from the routine practice of his predecessors, whenever his judgment so dictates.

He comes, and in his decision he is not unduly swayed by the teachings of this author, nor by the theories of that one, but brings to bear every power of his mind upon his case, and as a result he is usually able to bring order out of chaos,—to arrive at a correct diagnosis, and to outline a rational plan of treatment.

Do not understand me to say that this model general practitioner that I am presenting to you, is an always self-sufficient man, that he

feels himself under all circumstances, competent to diagnose or treat all patients that may come under his care. Far from it. While he feels it his duty to first make a thorough investigation of his case, and if possible make his own diagnosis, still his good sense, his judgment frequently tells him that he alone is not equal to the task.

If he should be able to satisfactorily and correctly diagnose his case, his judgment again comes to his relief and tells him that his practical experience with this class of cases does not justify his effort to treat the case alone. He is not the kind of man to decry the specialist, but by virtue of his matured and educated observation he readily admits that the assistance of a specialist is a thing greatly to be desired in given cases.

What better combination of talent can be imagined in the interest of the patient than such a general practitioner and an expert specialist with a wide experience along the lines of his specialty.

To no class of men does the experiences of life so often bring the necessity for their self-sufficiency. So often is it true that the general practitioner is so situated that because of distance or limited time he is entirely isolated from all classes of specialists, and however much he might want, or need, their assistance, he is nevertheless deprived of it.

In cases of this kind he must of necessity be physician, surgeon, obstetrician, dentist, oculist, etc., and who will say that after years of this varied practice he has not become a veritable walking encyclopedia of general medical knowledge. Who will assert that a man with an experience of this character is not a safe and competent practitioner in all departments of his profession, except possibly, in the execution of the finer and more delicate operations of surgery!

Has it ever occurred to you to compare the work done by this class of general practitioners with that done along the same lines by some of our most eminent specialists? Possibly not, for the reason that as a rule you never hear of the cases treated by the general practitioner, while you often have the most minute description of the cases treated by the specialist. I do not say this in censure of the specialist, but rather in criticism of the general practitioner, that he does not give the profession the benefit of his experiences.

As a profession, we are loud in our condemnation of empiricism. Has it ever occurred to you that the general practitioner, the one that I have been trying to describe, is always more or less of an empiric? Well, he is. It would be impossible to fetter such a man by set therapeutic or surgical rules. To this class of men the authors are not sacred. The limitations of the teachers have no restraint upon them. They think for themselves, they observe for themselves, they act for themselves. They often set aside fixed rules, they ignore pet theories, they become, for the time being, empirics; and to this class of men the profession owes more than to any other for the advancement in medicine and surgery. They are always found in the van of the procession of progress.

Through this class of men new facts in medicine are being born

daily,—aye, hourly. They know no limit to progress, they reject the authority of any man who presumes to say that a question in medicine is a settled question. They hold that in therapeutics, as in surgery, all questions are open at the top. They believe that one demonstrated fact is worth more than a cart-load of theory. They reject the teaching of the theorist, except where it is proven by absolute bed-side practice. They care nothing for the *ipsi dixit* of the chemist, the pharmocologist or the therapeutist, as such, unless their theories agree with the demonstrated facts of actual practice.

I would not be understood, gentlemen, as asserting that this man, of whom I write, is disposed to wrap himself about with an impervious cloak of self-conceit. That he considers that none but his class are competent to make observations. That he ignores all the teachings of the specialist or the man of "the schools." That none but his class contribute to the great advances, and the rapid strides of the profession; but I would have you understand that he is no longer a servile follower of other men's ideas, without subjecting them first to the crucible of practical test, and that he claims as his inalienable right the privilege to walk alone in his investigations and to arrive at his own conclusions, proving all things, and holding fast to those only that are true.

Such, gentlemen, is my conception of the modern, down-to-date, general practitioner, portrayed in my feeble way.

Journal
Missouri State Medical Association

The Official Organ of the State Association and Affiliated County Societies.
Published Monthly under the supervision of the Publishing Committee.

ADDRESS ALL COMMUNICATIONS TO METROPOLITAN BUILDING, ST. LOUIS, MO.

Volume IV. MARCH, 1908. Number 9

E. J. GOODWIN, M. D., Editor.

PUBLICATION COMMITTEE:

Walter B. Dorsett, Chairman. M. B. Clopton, M. C. Shelton.

EDITORIAL

THE DAILY PRESS AND THE MEDICAL PROFESSION.

An illustration of what the press can do in bringing before the people the educational short-comings of a medical practitioner was evidenced quite recently in an editorial which appeared in the St. Louis *Republic*. According to the writer, a news story printed in the *Republic* told of a letter said to have been received by a judge of one of the St. Louis police courts and signed by a practicing physician living in St. Louis. The unusual epistle ran thus:

> **St. Louis, Mo., Feb. 18, 1908.—This is to satisfia that Mr. Ebrum Stenberg, 624 Carr st is Cyck Under mie car Uneble to wock.**

Here in the space of a few lines we have material enough for a lengthy sermon. That the Missouri State Board of Health has recently been authorized to raise the educational standard among physicians applying for license to practice, is a fact for which there can be nothing but praise from those who have always desired the change. But what pleases us most in the matter, is not so much the law as the interest in the law evinced by an organ of the lay press in bringing an instance of extreme ignorance on the part of a medical practitioner before the public. This interest carries the intent which must finally lead to what the educated physicians among us most desire—coöperation between the press and the profession.

A manifest desire on the part of the press not only to approach the subjects which concern us most, but a willingness to assist, by argument

and publicity, is an awakening we should applaud. With us, for a long time, the dire status of laws controlling the health and sanitary conditions of the state has not been an unknown quantity, and the apathy of the press was such that all efforts on the part of the organized medical profession for improving these conditions, has placed all the burden on the shoulders of the physicians advocating the changes. The daily press is our ablest ally in educating the people to a proper realization of the dangers attending any faulty system touching the health of the community. To illustrate in how far the right influence, when expressed in weighty articles of a paper, can benefit a measure to abolish a wrong, was shown directly after the holocaust in the schoolhouse at Collinwood, by the thorough and systematic attack on the inadequate protection against fire in the schools of St. Louis.

Bearing this in mind we feel some justification in asserting that if the press would concentrate itself in the same manner on the advocacy of the medical inspection of schools, the prevention of tuberculosis, the hygienic and sanitary requirements of public buildings, and the support of measures introduced by the medical profession in the state legislature, physicians again would find that the help of this powerful ally would be instrumental in bringing about reforms, which the profession realizes are very much needed but which cannot be affected at once without educating the people through the press. Our desire for the sort of help which a coöperative spirit on the part of the press would carry, can be granted us without hesitancy, for any measure that emanates from the organized medical profession, or has the endorsement of the profession, contains such seeds for good that an enthusiastic support, if withheld by the writers on the press, really amounts to a discourtesy which our accustomed friendly attitude towards the press and the people does not warrant.

In taking up the matter of the ineffable ignorance of a fellow practitioner as regards the manipulation of the lingual instrument peculiar to our soil—the English language—the *Republic* deserves more than passing praise; but though the reprimand should give us pause, the failure of the physician as an incipient English scholar is not the crux which should confront physicians at large when giving the matter thought. For our opinion and that of many thinking men has always been that the State Legislature should display greater intelligence in its attitude towards the State Board of Health, so that suggestions of import and privileges which should be theirs will not be balked by interference until they become vexatious problems. We affirm this again, because we are in complete accord with the *Republic* when it says, "Surely if there is a legal way to get doctors of this class out of the licensed list

the Legislature should be called on to give the power to the Board of Health at its first opportunity."

THE PROGRAM.

In this issue we publish the preliminary program for the annual meeting. The number and character of the papers indicate that the meeting at Springfield will be one of the most enthusiastic and best attended in the history of the Association. We would request that those gentlemen who have not yet announced the titles of their papers, communicate with the committee at an early date, so that the titles may be included in the program when published in the next issue of the JOURNAL.

PAYMENT OF DUES—ROSTER OF MEMBERSHIP.

We earnestly urge upon county societies that prompt attention be given to the payment of dues in the State Association. In April we shall publish a list of members in good standing and we want the name of every member of the Association in this list. Those members who do not pay their dues in time to have their names included in this list will not be continued on the mailing list of the JOURNAL until their dues have been paid. It is very important that every member pay his dues in his local society at this time, so that the roster of the Association, when published in the April issue, may be complete.

Dr. John D. Seba, of Bland, is a candidate for representative from Gasconade County. We are much pleased to inform our members of Dr. Seba's willingness to enter the contest for representative from his county. If elected, Dr. Seba will faithfully and intelligently represent the people of Gasconade County, and the medical profession can rest assured of his support of all measures to improve the health and sanitary conditions of the state. We sincerely trust he will be elected. The former representative from this county, although a practitioner of medicine, seemed to be constitutionally opposed to anything the doctors in the state asked from the legislature, and constantly obstructed the progress of medical bills introduced by the profession. Such a person, drawn from our own ranks, does incalculable harm by assuming an attitude that is condemned by the profession, but which other members of the legislative body cannot be expected thoroughly to understand or properly interpret.

The State Board of Health, through its committee on inspection of medical colleges, has taken steps to have medical colleges outside of this state, whose graduates come before the board for examination for

licenses to practice, to place their schools upon the same basis as required by the regulations of the Missouri State Board of Health in respect to equipments and preliminary education. Preliminary correspondence with other colleges has resulted in encouraging reports and indicates that the time is not distant when all medical colleges will contain the equipment necessary for teaching as required by the regulations of the Missouri State Board of Health.

Dr. Gustav Ettmueller, of Jefferson City, is a candidate for state representative from Cole County. The citizens of Cole County could not better evidence their confidence in the medical profession of Missouri than by electing Dr. Ettmueller to represent them at the next meeting in the legislature. His long service in the medical profession of the community in which he lives, and the activity he has evinced in promoting all measures which will enhance the welfare of the people, and protect the citizens from the dire results of loose medical regulations governing the sanitary and health conditions, stamp Dr. Ettmueller as a progressive, intelligent and competent person to represent the interests of his county.

We desire to call the attention of county societies to the necessity of appointing members to represent them on the Auxiliary Legislative Committee for the American Medical Association. Each county society should nominate one member to meet and confer with this committee, so that all county societies will be represented.

"The Archives of Diagnosis" is the title of a new publication recently established by Dr. Heinrich Stern, of New York. The publication will be issued quarterly and its contents will be limited to such papers as bear upon the science of diagnosis. It is published purely in the interests of scientific medicine and will carry no advertisements.

The first number appeared in January. The appearance and make-up of this issue gives promise of a journal which will merit the esteem and support of the profession. The book is printed on excellent paper, the type is of a character to be easily read, and its general dress is such as to make the reading of the articles a matter of pleasure as well as of interest. Among the contributions to the first number are the following: "Diagnosis and Prognosis of Mitral Stenosis and Aortic Stenosis," by De Land C. Rochester; "The Relative Importance of Symptomatic and Physiological Diagnosis in Neurology," by Harrison Mettler; "Some Observations on Grocco's Sign in Pleurisy, with Effusion," by Thomas F. Reilly.

Charles Brand, Herbalist, 2011 Franklin Ave., one of the numerous advertising medical fakers in St. Louis, was arrested recently and pleaded guilty to the charge of holding out as a physician without a license to practice. A fine was assessed against him, but on payment of costs this was staid. Brand advertised extensively by handbills in certain of the poorer quarters of St. Louis, as being able to cure by "nature's" remedies, rheumatism, dyspepsia, neuralgia, piles, eczema, consumption, syphilis, paralysis and numerous other diseases; opium, morphine, cocain and tobacco habits; "lost manhood" and "lost womanhood," etc.

Moses Hellseher—"Moses II."—Clairvoyant, Medium and Healer, 1564 Lafayette Ave., St. Louis, was arrested and convicted of the charge of holding out as a physician without license to practice, and fined $250.00. Hellseher claimed to possess remarkable powers of removing "lond standing and strange sickness," to "cause speedy and happy marriages."

The St. Louis Health Department is to be commended for the active crusadé it has inaugurated to rid St. Louis of the quacks who prey upon the ignorance and superstition of the sick, poor and needy.

The second Villa of the Missouri State Sanatorium for Incipient Pulmonary Tuberculosis is practically completed, and by the middle of March should be furnished and ready for occupancy. There are a number of applicants waiting for examination. But even in the event that all of these applicants should be found to be eligible (and this is unlikely), there will still be room for a few more. The law provides that admissions be strictly according to the priority of the application,—the first come, the first served.

Physicians who have patients that are thinking of making application for admission should have them do so at once. All requests for information are gladly answered.

The following articles will be added to the list of New and Non-Official Remedies approved by the Council on Pharmacy and Chemistry:

Bromural (Knoll & Co.).

Elixir Buchu, Juniper and Acetate Potass. P.-M. Co. (Pitman-Myers Co.).

Tablets Acet—Phenetidin Comp. P.-M. Co. (Pitman-Myers Co.).

Syrup Cannabis Com. P.-M. Co. (Pitman-Myers Co.).

Veroform Antiseptic (Veroform Hygienic Co.).

Veroform Germicide (Veroform Hygienic Co.).

IN MEMORIAM.

ROBERT LUEDEKING, M. D.

This community lost one of its foremost citizens on February 29th, 1908, in the person of Dr. Robert Luedeking.

The doctor's scholarly tastes were inherited in part from his father, who conducted a girls' school in this city something more than a half a century ago. The doctor was born in this city in 1853, and attended the St. Louis High School, from which he graduated in 1874. Going to Germany, he took up his medical studies at Heidelberg, from whence he removed to Strassburg, being graduated from the latter university in 1876. While in Europe he devoted himself largely to the study of pathologic anatomy, in which he did some brilliant and original work, his paper on the "Regeneration of Unstriped Muscle Fibre" being especially valuable.

After a year of post graduate study in Vienna, he returned to this city, and soon after took a position in the service of our health department. While his position was that of clerk of the Board of Health, his duties were not exclusively such as one might infer from the title of his office, for on various occasions he served as acting superintendent of the City and Female Hospitals, during the temporary absence of the physicians in charge of those institutions. In 1882 he commenced his connection with the St. Louis Medical College, now the Medical Department of the Washington University. At first lecturer of pathologic anatomy, he was, a year later, advanced to the professorship in that branch. The excellent character of his instruction in this science is remembered by many who had the good fortune to attend his lectures, demonstrations and post-mortems. After some years Dr. Luedeking was made professor of diseases of children and was ever after best known for his activity in connection with pediatrics. In 1902 he became dean of the medical department of the university, and three years later, while continuing his former duties, he was offered and accepted the chair of clinical medicine. Both as professor and as dean he probably made a deeper impress upon the policy of the medical department and upon its future than has any one man since the death of the lamented Henry Mudd.

It is with no idle curiosity that we seek to learn and record some of the leading facts in the lives of our eminent dead. In all lands and in all ages men have learned the necessity of setting before them types for admiration, emulation and example, and it is especially fit that we should seek for these among those who have passed *moenia mundi flammantia,* and whom we can contemplate with a truer vision perhaps than when they were closer at hand. Every life well lived bears for us a lesson.

What was the leading characteristic of Dr. Luedeking? Was it his love of study, was it his industry, was it his administrative skill, was it his unfailing serenity and equanimity, was it his kindness to all, both to those in distress and to his companions? It was, some may say, his devotion to duty, but devotion to duty is only one form of altruism, and it seems to us that all the qualities and attributes enumerated above can be included under the one term, unselfishness. This was his leading characteristic and this accounts for the willingness with which he gave hours of toil, hours which often could have been spent more profitably to himself, to the up-building and to the care of the medical school of which he was the head, believing that in this he was doing a great and useful work. This same quality of unselfishness accounts for his cheerfulness, for the readiness with which he met his friends with a pleasant smile and the hand outstretched in friendship, even when carrying perhaps unknown to them a heavy weight of care. He did not wish to burden others with his own fears and anxieties. This was pathetically apparent towards his end when all could see that his remaining days on earth were but few, and it enabled him to face the grim specter with imperturbable courage and to look forth upon this world for the last time with his accustomed smile.

Those who knew him will preserve his memory green and fragrant until they too are called to follow whither he has gone.

LEONIDAS H. LAIDLEY, M. D.

Dr. Leonidas H. Laidley died at his home in St. Louis on February 5th. His death was entirely unexpected, as he was apparently in good health up to the day before his death.

Dr. Laidley was born in Carmichael, Pa., in 1844. He was a graduate of the Jefferson Medical College, taking his degree from that institution in 1868, and also received a diploma from the Bellevue Hospital College in 1872. Soon after graduating from the latter institution he moved to St. Louis, where he entered upon the practice of his profession and continued to labor in that field.

Immediately upon his arrival in St. Louis he took an active interest in the work of the Young Men's Christian Association, and was one of the founders of that institution in St. Louis. He was ever prominent in all matters which had for their object the improvement of health conditions, and was active in the campaign for the abolition of medical quackery. His most notable work was in connection with his duties as medical director of the Louisiana Purchase Exposition in 1904, he having administered the affairs of this office with commendable success. An epidemic of beri-beri, which developed among the Filipinos on the grounds of the Exposition, was controlled at its first appearance, and few presons were aware of the presence of this dread disease in the community. Dr. Laidley was professor of surgery and gynecology in the Medical Department of the St. Louis University, surgeon of the St.

Louis Protestant Hospital and consulting gynecologist of St. Ann's Asylum.

In the death of Dr. Laidley the medical profession of St. Louis and the state has lost a member who labored faithfully to uplift the medical status of the community in which he lived, one who was devoted to the principles which guide the true physician and who commanded the esteem of his confreres and the people who knew him.

DR. SENN AS A WRITER.*

BY GEORGE HOMAN, M. D.

The Genius of Toil marked Nicholas Senn as its own even in his early years, and out of much stress and travail of spirit came the written words which will fittingly constitute his monument to the generations yet to come.

In the building of these works, so characteristic of himself as a master-teacher, he brought the truth as he saw it to the forge, and there at white heat between hammer and anvil tested and tried it in the sight of all the world, holding fast only to that which in the end was found to be good. In the forging and fashioning of his scientific convictions he ever wrought with honest zeal, his blows ringing true, perhaps overlooking at times whatever of flaw in design or finish might at last appear in that upon which his patient and faithful labors were expended.

Toiling, rejoicing, overcoming, he proved by worthy deeds in the workshop of mind and conscience his right to fellowship with that band of hero-souls which our profession through all the ages has so freely given for the betterment of mankind.

In his more formal works, as well as in wayside notes as he journeyed over the world, his call by word and example was ever to higher and better things among his co-workers in the cause of scientific medicine. The spur to further effort conveyed by his spoken words will be gladly acknowledged by the many who heard him—among them the writer of these lines who has for years borne gratefully in memory a brief remark uttered on the occasion of a casual meeting, which sounded a note of cheer and helpfulness amid circumstances of much discouragement—and, none the less, is this true of his written messages.

The ascription of merit and praise to his chosen calling as being a profession that stands before all others in the value, amplitude, sacrifice, and sacredness of its services to mankind never failed, and was given eloquent utterance by him alike concerning such crises as the sweeping ravages of famine and plague in Asia, the desolating pestilences of Africa, and the appalling catastrophes of earthquake, epidemic, and conflagration in South America. His writings as a whole give forth a light that makes plainer the path of those who would follow truth, while as a beacon it

*Part of the Report of Memorial Committee, St. Louis Medical Society, March 7, 1908.

warns away from the reefs and shallows where so many medical barks have been lost.

The logic of right reason, the tenets of a serene faith alike forbid the thought that an intellect so keen, a spirit so ardent, could rest from those labors in which it so delighted. While the outward form is no longer seen yet true soul and high character, as writ by him on living memories and in the rich outgivings of his intellect, must mold and influence earthly lives so long as noble examples are valued among men.

Let it not be said, therefore, that he is no more but rather this: He has entered into life and his works do follow him.

FIFTY-FIRST ANNUAL MEETING, SPRINGFIELD, MAY 19-21, 1908.

PRELIMINARY PROGRAM.

Medical Section.

Noah Adams.....Kansas City
"The Care and Treatment of Nasal Rhinitis."

E. G. Beers.....Springfield
"The Doctor in Politics; or, His Civic Responsibilities."

W. L. Brosius.....Gallatin
"Conservatism in Medicine."

Tinsley Brown.....Hamilton
"Pneumonia."

J. W. Clark.....Carterville
"Echinacea Angustifolia."

W. G. Cowan.....Sedalia
"Irrational Use of Drugs in the Treatment of Disease."

J. J. Ferrell.....Owensville
"Acute Articular Rheumatism; Its Cause, Mode of Infection and Treatment."

S. A. Johnson.....Nevada
"The Present Stand and Thought Regarding Opsonins."

A. W. McAlester, Jr.....Kansas City
"The Application of Tuberculin to the Eye as a Means of Diagnosis of Tuberculosis."

J. A. McComb.....Lebanon
"The State's Responsibility to Its Citizens; From a Medical Standpoint."

W. A. McKelvey.....Minden Mines
"Therapeutics."

Jesse S. Myer.....St. Louis
"Examination of the Feces as a Routine Procedure."

J. L. Ormsbee.....Springfield
"The Physician's Relation to the Pharmacist, Practically Considered."

O. L. Peak.....Springfield
"The Passing of an Old Therapy."

G. Wilse Robinson.....Nevada
"Prophylaxis of Insanity."

E. H. Schorer.....Columbia
"Early Diagnosis of Tuberculosis and Use of Tuberculin in Diagnosis and Treatment."

Chas. Shattinger.....St. Louis
"The Treatment of Visceral Ptosis by Respiratory Exercises."

J. S. Triplett.....Harrisonville
"Endocarditis."

Fenton B. Turck.....Chicago
"Feeding Experiments on Animals Applied in Surgery and Internal Medicine."

A. H. Vandivert.....Bethany
"Sanitation of Churches, Public Halls and Assembly Rooms."

L. M. Warfield.....St. Louis
"Recent Tuberculin Tests: Their Importance for the General Practitioner."

C. W. Watts.....Fayette
"Ethics."

G. W. Whitely.....Albany
"Therapeutics and Its Relation to the Practitioner."

B. H. Zwart.....Kansas City
"Myocardial Degeneration; Prophylaxis."

SYMPOSIUM ON TUBERCULOSIS.

H. Wheeler Bond.....St. Louis
"Methods in Force and Proposed Methods in St. Louis."

O. H. Brown.....Mt. Vernon
"Reports from the State Sanatorium for Incipient Tuberculosis."

Solon Cameron.....St. Louis
"Clinical Reports from Mt. St. Rose."

A. H. Hamel.....DeSoto
"The Responsibility of the Board of Health."

T. F. Lockwood.....Butler
"Public Education Against Tuberculous Invasion."

A. W. McAlester.....Columbia
"Universities and Colleges as Factors in the Educational Campaign."

E. W. Schauffler.....Kansas City
"Care of the Consumptive."

Surgical Section.

Nathaniel Allison.....St. Louis
"Congenital Dislocation of the Hip."

R. F. Amyx.....St. Louis
"Report of Case of Non-Malignant Stenosis of Pylorus of Two Years' Duration—Posterior Gastro-Enterostomy—Death Due to Reverse Peristalsis."

Edmund A. Babler.....St. Louis
"The Danger of Permitting Warts and Moles to Grow, Lest they Become Malignant: With Report of Twenty-five Illustrative Cases from the St. Louis Skin and Cancer Hospital."

J. N. Barger.....Darlington
"The Preparatory and After-Treatment of Surgical Cases."

Willard Bartlett.....St. Louis
"Personal Experience in the After-Treatment of Surgical Cases."
T. J. Beattie.....Kansas City
Title not announced.
G. Wiley Broome.....St. Louis
"Dr. Nicholas Senn: His Life and Character."
C. E. Burford.....St. Louis
Title not announced.
O. Beverly Campbell.....St. Joseph
Title not announced.
N. B. Carson.....St. Louis
"Cancer of the Rectum."
Malvern B. Clopton.....St. Louis
"Typhoid Perforation."
A. H. Cordier.....Kansas City
"Some Clinical, Pathologic and Surgical Phases of Stones in the Kidneys."
H. S. Crossen.....St. Louis
Title not announced.
H. C. Dalton.....St. Louis
"Rupture of the Bladder."
W. B. Deffenbaugh.....St. Joseph
"Treatment of Fractures of the Shaft of the Femur."
Orville H. Dove.....Kansas City
"Gall Stone Disease."
J. W. Dreyfus.....Louisiana
"Distinctive Features of Railroad Surgery that Peculiarize this Class of Injuries."
Hal. Foster.....Kansas City
"The Removal of Bodies From the Respiratory Tract and Esophagus by the Bronchoscope: With Report of Cases."
W. J. Frick.....Kansas City
Title not announced.
Chester E. Fulton.....Springfield
"Stricture of the Esophagus."
G. W. Gale, Jr.....St. Louis
Title not announced.
Jacob Geiger.....St. Joseph
"Hypernephroma."
J. D. Griffith.....Kansas City
"Subserous Hernia of the Abdominal Wall."
Arthur E. Hertzler.....Kansas City
"The Technic of Hysterectomy."
Howard Hill.....Kansas City
Title not announced.

Frank Hinchey.....St. Louis
"Eversion of the Uterus, with Expulsion of a Large Fibromyoma."

Jabez N. Jackson.....Kansas City
Title not announced.

Ernest Jonas.....St. Louis
Title not announced.

R. Emmett Kane.....St. Louis
Title not announced.

Walter C. G. Kirchner.....St. Louis
"Infections of the Knee Joint and Treatment."

Bransford Lewis.....St. Louis
Title not announced.

Frank J. Lutz.....St. Louis
"Empyema."

Ernest G. Mark.....Kansas City
Title not announced.

Fritz J. Moenninghoff.....Kansas City
"A Brief Consideration of Post-Operative Gas Distention of the Abdomen; With Suggestions for Prevention."

C. C. Morris.....St. Louis
"Modern Operations for the Radical Cure of Hernia."

Frank G. Nifong.....Columbia
"Differential Diagnosis Between Floating Kidney and Hydrops of the Gall Bladder."

Geo. B. Norberg.....Kansas City
Title not announced.

W. B. Outten.....St. Louis
"What is the Significance of Gaseous Products When Found in Contused and Lacerated Wounds?"

Louis Rassieur.....St. Louis
"Tuberculous Lymph-Adenitis of the Mesenteric Lymph-Nodes."

Francis Reder.....St. Louis
"Remarks on Intestinal Anastomosis."

J. T. Reiley.....West Plains
"Burn and Treatment."

Wm. Rienhoff.....Springfield
Title not announced.

C. F. Roberts.....Kansas City
"Bladder Drainage."

Ernest F. Robinson.....Kansas City
"Divulsion of the Scalp and Other Severe Scalp Injuries."

St. Elmo Sanders.....Kansas City
"A Modification in the Technique of Abdominal Supra-Vaginal Hysterectomy."

John D. Seba.....Bland
"Personal Experience in Gun-Shot Wounds."

M. G. Seelig.....St. Louis
Title not announced.

William A. Shelton.....Kansas City
"Treatment of Fractures Adjacent to Joints: With Report of Cases."

W. S. Shirk.....Sedalia
"Appendicitis."

Edward H. Skinner.....Kansas City
Title not announced.

W. H. Stauffer.....St. Louis
"The Operative Treatment of Hemorrhoids."

W. R. Stickland.....Rockport
Title not announced.

Frank Joseph Tainter.....St. Charles
"Pyloric Spasms."

N. F. Terry.....Springfield
"The Present Status of the Treatment of Cancer."

Luther A. Todd.....St. Joseph
Title not announced.

W. S. Wiatt.....E. St. Louis
"The Treatment of Diffuse Septic Peritonitis."

W. H. Wiley.....Ridgeway
"Surgery in a Country Practice."

Llewellyn Williamson.....St. Louis
"Excision of the Lachrymal Sac as a Radical Cure for Chronic Inflammatory Processes Thereof."

Leo. W. Wright.....Lowry City
"Importance of Early Surgical Interference of Tumors of the Breast."

SYMPOSIUM ON GALL STONE DISEASES.

Pathology: Willard Bartlett.....St. Louis
Symptoms: Roland Hill.....St. Louis
Remote Consequences: Jno. C. Morfit.....St. Louis
Treatment: C. M. Nicholson.....St. Louis

COUNTY SOCIETY NOTES

CALDWELL COUNTY MEDICAL SOCIETY.

The Caldwell County Medical Society met in Hamilton, on January 29th, with the best attendance in the history of our society. There was an attendance of fourteen members. Two were admitted to membership, Dr. W. M. Duffie, by transfer from Adair County Medical Society, now located at Hamilton, and Dr. R. H. Watson, R. F. D. No. 1, Hamilton.

We now have about all the physicians who are available for membership in our county. Dr. E. H. Miller, of Liberty, Councilor of the Twelfth District, was present and took part in the proceedings. He said this was the best county meeting that he had visited.

Dr. B. F. Carr, of Polo, read a paper on "Diphtheria." Dr. C. M. McConkey, who formerly resided at Mirabile, in our county, but now living in Lathrop, read a paper on "Cystitis." Dr. S. D. Smith, of Cowgill, made a written report of a case of myxedema treated with thyroid extract, with apparently almost complete recovery. Dr. C. O. Dewey gave a written report of a severe case of facial erysipelas.

The election of officers for the year 1908 resulted as follows: Dr. C. O. Dewey, of Breckenridge, president; Dr. J. E. Gartside, of Kingston, vice-president; Dr. Tinsley Brown, of Hamilton, secretary and treasurer; Drs. R. L. Mount, W. M. Duffie and K. M. Dwight, censors; Dr. W. T. Lindley, of Hamilton, delegate to State Association, and Dr. G. W. Goins, essayist.

The next meeting will be held in Polo, in April.—TINSLEY BROWN, M. D., Reporter.

COLE COUNTY BRANCH OF THE MISSOURI STATE ASSOCIATION FOR THE CONTROL AND PREVENTION OF TUBERCULOSIS.

The organization of local antituberculosis societies in this state continues with satisfactory progress. A number of such societies have been organized in the counties and others are in the course of organization.

On January 8th, a local branch was formed in Cole county, at a meeting held in Jefferson City on that date. Dr. Gustav Ettmueller was especially active in contributing to the success of this meeting. He presided as temporary chairman and furnished the press with full information of the purposes of the association. Mrs. Joseph W. Folk was elected president of the local society, and Mrs. Charles P. Hough was elected secretary. Addresses were made by Dr. Wm. Porter, of St. Louis; H. Wheeler Bond, health commissioner of St. Louis; Robert J. Newton,

secretary of the state association; and Dr. George Homan, president of the state association. In his address Dr. Homan said:

"The movement of which this meeting is a local expression is becoming world-wide in extent and in its character and aims is one of the most encouraging signs of an advancing civilization.

Among the designations fittingly applicable to the last century is that of the Century of Tuberculosis, a cycle of time when the ravages of that disease probably reached a climax—a period when, save for isolated efforts of members of the medical profession, resolute resistance to its spread was not known, when, either passive endurance of the scourge, or an Oriental resignation to an affliction deemed unavoidable, marked the attitude of governments and of public sentiment as well.

But all this is changing and a determined fight against the disease is now being waged, or preparations to that end are being made, in nearly every place where civilization and its influences are known. And to what purpose? With the effect that already within the few years now passed of the twentieth century a decrease in losses from this cause can be proved in places where the sanitary opposition has been most intelligent, resolute and sustained.

But the mortality is still appalling, and the disabilities attending the course of this affliction most deplorable. No elaborate statistics in proof of this are needed. Any one who glances through the columns of daily papers issued in cities where official records of this kind are published, can easily satisfy himself or herself on this point; for, from such official returns as are embraced in the list of burial permits, he will see that steadily, week by week, and month by month, throughout the year, the deaths from tuberculosis in all its forms average about one in seven of the total number. And, as medical observation has shown, there are for every one thus taken away five others following in his steps—many of whom through ignorance or inattention are sowing the seeds of the disease broadcast among their fellows.

And how has the before mentioned visible change for the better been brought about? Not by medicines or nostrums, nor by any greatly improved method of treating individual cases, but, by instruction addressed to the great body of the people in their own communities, telling the simple story of the disease and its manner of spread—teaching the need of precaution and the means of prevention.

It will not do to say that such instruction is not needed in agricultural communities, or in population centers that have not yet attained to large municipal proportions, for consumption can and does move just as fast and as far as the traveler can journey, leaving infection often in unthought-of places, and claiming unsuspecting victims, who may be vastly more harmful to those around them than are the avowed cases that walk the streets of cities, and throng dispensaries and hospitals for treatment.

This meeting, therefore, is a recognition and confirmation of the view thus expressed, and it is most appropriate and necessary that such a light should be set burning in the Capital City of a great state, a city set on a hill and that cannot be hid, where its influence and illumination can be brought to bear directly on those who come here to shape the destinies of its people through legislation, and administrative direction and control.

From the nature of things, immediate, conspicuous or showy results in this work cannot be looked for, but, as in the words of the Good Book, "little by little they drove out the Canaanites," so little by little with the multiplication of such acts of organization as this throughout the state, and through diligent faithful endeavor, will the tide of tuberculosis be stayed, pending its reduction and disappearance when public opinion shall be ripe enough to demand outlays of funds adequate to the performance of such a task. From this point of view it would be fortunate, indeed, if this major plague slew its victims within three days or three weeks, as does the minor scourge of bubonic plague, instead of three years, for then the horrors of the disease would be so accentuated that even the most selfish and sordid business interests would demand of organized civil government the amplest means whereby such losses might be prevented.

It is considered by the officials and members of the Missouri State Association for the Relief and Prevention of Tuberculosis both a pleasure and a privilege to aid in effecting local organizations of this kind, and in their behalf cordial thanks are extended for the opportunity thus afforded, with the best of good wishes for prosperity and the accomplishment of much good work."

CHARITON COUNTY MEDICAL SOCIETY.

The Chariton County Medical Society convened in regular session at Salisbury, January 30th.

Members present: Drs. Hawkins, Jennings, J. H. P. Baker, W. L. Baker, Welch, Brummall and McEuen; visitor, Dr. Marks.

A resolution was adopted changing the time of regular meeting from the last to the second Thursday in each month.

Dr. I. Knott, of Keytesville, was elected the representative on the legislation committee.

Dr. G. W. Hawkins read an interesting and instructive paper on "Gonorrhea and Its Sequelæ," which was fully discussed.

Adjourned to meet in Brunswick, February 13.

MEETING OF FEBRUARY 13TH.

The Chariton County Medical Society convened in regular session at Brunswick, on February 13th at 2:30 p. m. There were twelve members present; six from Salisbury, leaving only one in that city. This was a good meeting.

Dr. Harry Tatum read an interesting paper on puerperal eclampsia, which was well discussed. The consensus of opinion was that the condition was the result of toxemia, though the cause could not always be ascertained. The treatment generally recommended was large doses of Norwood's tinct. veratrum viride, hypodermically, and proper elimination by the kidneys and bowels.

Dr. W. L. Baker read a good paper on lobar pneumonia, which was duly discussed by the members and received many compliments.

Our next meeting will be in Salisbury, on Thursday, March 12th.—C. A. Jennings, M. D., Secretary.

GREENE COUNTY MEDICAL SOCIETY.

The Greene County Medical Society met in regular session on Friday evening, January 24th. After a short business session at which the society passed a resolution requesting our senators and congressmen to pass the bill granting the widows of Dr. James Carroll and Jesse W. Lazear a pension, the society adjourned to the banquet hall where the newly elected president, Dr. T. A. Coffelt, presided as host at an elegant banquet. With Dr. W. M. Smith as toast master the following toasts were made and responded to: "The Ethical Doctor," Dr. J. E. Tefft; "The Doctor as a Politician," Dr. C. E. Woody; "Modern Superstition," Dr. J. C. Matthews; "Stomach or Liver—Which?" Dr. N. F. Terry; "The Pros and Cons of a Young Doctor," Dr. E. G. Beers; "Medicine Madam," Prof. J. R. Roberts; "What's Worth While," Dr. J. R. Boyd; "The Story Telling Doctor," Dr. J. W. Williams; "Our Opportunities," Dr. B. F. Fortner; "The Doctor and the Minister," Rev. C. H. Briggs. The president, Dr. T. A. Coffelt, made a short talk for the "good of the order" and on motion was given a vote of thanks from the society for the excellent banquet.—J. L. Ormsbee, M. D., Secretary.

HOWARD COUNTY MEDICAL SOCIETY.

The Howard County Medical Society met at Fayette, on February 7th, with five members in attendance.

Drs. Richard Smith and N. E. Smith presented a patient who had been injured in a dynamite explosion. One hand was so badly shattered that amputation at the wrist was necessary. The patient made a good recovery without complications.

Dr. Wright was requested to prepare a memorial on the late Dr. Nicholas Senn, which is to be read at our next meeting.

Dr. Watts presented a paper on "Ethics." Drs. Orr and N. E. Smith were selected to read a paper at the next meeting.

The next meeting will be held at Fayette, on March 1st.

MEETING OF MARCH 1ST.

The Society met at Fayette with the following members present: Drs. Bonham, Burgwin, Richards, Lee, P. C. Smith, N. E. Smith, Wright and Watts.

A number of clinical cases were presented, namely: Acute articular rheumatism, by Dr. Bonham; a case of acute gonorrhea in a girl, by Dr. P. C. Smith; a case of osteomyelitis, presumably of tuberculous origin, in a boy of 13 years.

Dr. N. E. Smith and Dr. C. W. Watts were requested to prepare papers for the annual meeting at Springfield.

Dr. W. S. Thompson will read a paper, "Diagnosis of Psoas Abscess," at the April meeting. Discussion by Drs. Burgwin and Fleet.—C. W. Watts, M. D., Secretary.

JEFFERSON COUNTY MEDICAL SOCIETY.

The Jefferson County Medical Society met in De Soto, January 28th, 1908, and the following officers were elected for the coming year: G. W. Tidwell, De Soto, president; C. G. Harris, Festus, vice-president; R. E. Donnell, De Soto, secretary; A. H. Hamel, De Soto, delegate; J. E. Jones, Hillsboro, alternate.

The president appointed Drs. A. H. Hamel, W. E. Gibson, W. H. Farrar and R. E. Donnell as a committee to arrange for a series of practical anatomical demonstrations for the coming year.

The society endorsed the movement in congress to pension the widows of the physicians who lost their lives in demonstrating the infectious nature of yellow fever at Havana, Cuba, and the secretary was ordered to send such endorsement to our representative in congress.

Cases of varioloid were reported by Dr. Hamel and care and treatment discussed.

All members of the society will be urged to attend the meetings in the interest of organized medicine, and all reputable physicians who are not members will be solicited to join and an effort will be made to get them interested in further advancing organized medicine. A copy of the proceedings of the meeting will be sent to every reputable physician in the county with notice of next meeting. The next meeting will be held February 24th, at De Soto.—R. E. Donnell, M. D., Secretary.

PIKE COUNTY MEDICAL SOCIETY.

The regular monthly meeting of the Pike County Medical Society was held in Louisiana, March 2nd. The following members were present: Drs. Biggs, Treadway, Pearson, C. L. Bankhead, Hetherlin, Dreyfus, Davis and Hereford.

A very interesting paper on "Gall Stones" was presented by Dr. Biggs. Several clinical cases were exhibited.

Dr. Edgell, of Eolia, and Dr. Whitesides, of Ashley, were admitted to membership.

The next meeting will be held in Bowling Green, April 6th, when a very interesting program will be presented.—R. Graham Hereford, M. D., Secretary.

ST. JOSEPH-BUCHANAN COUNTY MEDICAL SOCIETY.

Regular Meeting, January 22, 1908.

Dr. M. S. Gray was elected to membership. Dr. Fred H. Ladd's application for membership was read.

Dr. D. L. Humfreville read a paper on "Influenza." Discussion was opened by Dr. John M. Doyle. There was an extensive discussion, participated in by Drs. Wallace, McGill, Campbell, Potter, Leonard, J. Geiger, Bowen, Elam, Bansbach, Gray and Gleaves.

Dr. Jacob Geiger reported a case of double cystomata of the ovaries.

The president appointed the following standing committees for the present year: Public Health: P. I. Leonard, A. E. Holley, C. W. Fassett; program: C. W. Fassett, A. L. Gray, W. L. Kenney; executive: O. G. Gleaves, W. T. Elam, S. F. Kessler.—CHARLES WOOD FASSETT, M. D., Secretary.

The antituberculosis movement made its first demonstration in St. Joseph, on the evening of January 18th, when a public meeting was held in the Y. M. C. A. auditorium. Dr. Wm. Porter, of St. Louis, was the principal speaker, delivering one of his forceful, convincing lectures on the care of the tuberculous, and the best means of preventing the spread of the white plague. Other speakers were: Drs. C. H. Wallace, Rev. Jos. Brady and Dr. C. O. Cross, of Kansas City. A number of musical numbers were rendered by local talent. The meeting was arranged by the Anti-Tuberculous Committee of the County Medical Society, and was the initial step towards the organization of an auxiliary antituberculosis society in St. Joseph.

ST. LOUIS MEDICAL SOCIETY.

MEETING OF FEBRUARY 29.

A special program was arranged for this meeting, consisting of a practical demonstration of certain aspects of the physiology of the circulation, by Dr. C. C. Guthrie, professor of physiology in the Medical Department of Washington University. A very considerable amount of original research and experimental work is being done in the medical laboratories of the universities in St. Louis, but heretofore it has not been the privilege of the general membership of the Society to witness these experiments. The announcement, therefore, that Dr. Guthrie would give an exhibition of this character before the Society was received with a grat deal of enthusiasm, and the hall was taxed to its utmost capacity to accommodate all those in attendance.

Under an anesthetic a dog was allowed to bleed to death, and then the heart was taken from the chest cavity and entirely separated from the body of the dog. The blood of the animal was collected in a receptacle and the fibrin separated out. The blood was then mixed with saline solution and this mixture was injected into the root of the aorta of the isolated heart, thus establishing a circulation through the coronary

vessels. In a short time the heart commenced to pulsate again, and kept on beating during the entire evening, under the influence of this injection mixture of saline solution and blood.

Another demonstration consisted of causing a strip of heart muscle to contract while lying in saline solution, thus showing the stimulating action of the solution. A similar strip of muscle taken from the same heart and placed in the animal's own blood did not contract.

Another etherized animal was asphyxiated until the heart had stopped beating; saline solution was then injected into one of the large vessels of the heart and artificial respiration was performed. In a short time the heart commenced beating and the animal was resuscitated. An instrument for resuscitating intact animals by perfusion of the coronary vessels and occlusion of the aorta was shown.

In another animal decapitation was performed, after which, by occlusion of the aorta and artificial respiration, the heart's activity and blood-pressure were maintained.

These demonstrations emphasized physical methods of controlling the circulation. Reference to the employment of drugs was made. Also the physiological aspects of clinical transfusion of blood were briefly discussed.

Other demonstrations consisted of the results of transplanting blood vessels—taking a section of a vessel from one animal and transplanting it into the corresponding vessel in another animal—taking a section of vein from one animal and transplanting it onto an artery in another animal.

Another experiment consisted of reversing the circulation; that is, severing the vein and the artery and implanting the severed end of the vein into the cut end of the artery, and *vice versa*.

Dogs were shown in which such operations had been performed for periods of ten to thirty months.

A dog was exhibited in which, thirty-seven days previously, a segment of vein, preserved for two months in formaldehyde solution, had been interposed between the ends of a divided common carotid artery. The circulation through the segment was excellent.

A dog was shown having a large goitre on the left side. Ten months previously the enlargement was equally as great on the right side. At that time the circulation was altered by dividing the right inferior thyroid vein and right common carotid artery and anastomosing the central end of the artery to the peripheral end of the latter, thus reversing the circulation in the right inferior thyroid vein. The right lobe of the gland now appears normal in size.

The operation of blood vessel anastomosis was described and illustrated by charts. Instruments used were shown and specimens and slides showing the gross and histological results were demonstrated. The present status of organ transplantation was briefly discussed.

Dr. Guthrie was assisted in these experiments by a number of senior

students, who had been instructed by him in the regular course of their studies.

A feature of the evening's program was the "smoker," which followed the scientific program. Refreshments were served and a pleasant hour spent in mingling together socially.

MEETING OF MARCH 7TH.

At the regular meeting of the Society on March 7th, papers were read in memoriam of Dr. Nicholas Senn, and a special program on medical history subjects was carried out. The Senn memorial papers were as follows: "Senn as a Man," by Dr. W. B. Outten; "Senn as a Writer," by Dr. Geo. Homan; "Senn as a Teacher," by Dr. W. H. Stauffer; "Senn as a Surgeon," by Dr. A. H. Meisenbach; "Senn as an Operator," by Dr. Carroll Smith.

The following papers were read on medical history subjects: "Some Lessons from Medical History," by Dr. J. M. Ball; "J. Ignace Guillotin—A Biographical Sketch," by Dr. F. J. Lutz; "Glimpses of Early St. Louis Medical History," by Dr. W. B. Outten; "Pre-Columbian Cranial Surgery (Lantern-slide Demonstrations)," by Dr. H. M. Whelpley. The program included a display of old medical books, prints and instruments.

The occasion was one of much interest and pleasure to the doctors who attended this meeting. The display of old medical books, prints and instruments was particularly attractive. This display was furnished by the following doctors, all of whom loaned articles from their private collections: Drs. J. M. Ball, Joseph Grindon, J. J. Houwink, F. J. Lutz and J. F. Menestrina.

BOOK REVIEWS

SURGERY: ITS PRINCIPLES AND PRACTICE. In five volumes. By 66 eminent surgeons. Edited by W. W. Keen, M.D., LL.D., Hon. F.R.C.S., Eng. and Edin., Professor of the Principles of Surgery and of Clinical Surgery, Jefferson Medical College, Phila. Volumes I and II. Philadelphia and London: W. B. Saunders Company, 1907. Per volume: Cloth, $7.00 net; half morocco, $8.00 net.

This entirely new surgery, edited by Dr. W. W. Keen, consists of five large octavo volumes covering the entire field of surgery in a thorough and complete manner. The authors are renowned specialists with international reputations accepted as authorities throughout the surgical world, so that every chapter represents a complete and original monograph by an authority of recognized eminence. A special feature consists of the 1500 magnificent illustrations in the text and some 50 colored plates. This system of surgery is undoubtedly the most complete and thorough exposition of modern surgery that has yet appeared.

MODERN MEDICINE. Its Theory and Practice. In Original Contributions by American and Foreign Authors. Edited by William Osler, M. D., Regius Professor of Medicine in Oxford University, England; formerly Professor of Medicine in Johns Hopkins University, Baltimore; in the University of Pennsylvania, Philadelphia, and in McGill University, Montreal. Assisted by Thomas McCrea, M. D., Associate Professor of Medicine and Clinical Therapeutics in Johns Hopkins University, Baltimore. In seven octavo volumes of about 1,000 pages each; illustrated. Volumes II and III. Price per volume, cloth, $6.00 net; leather, $7.00 net; half morocco, $7.50 net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1907-1908.

The second and third volumes of this monumental work have appeared. The second volume is devoted entirely to a consideration of the Infectious Diseases. This subject is continued in the first part of the third volume, whose second part, comprising nine chapters, considers the Diseases of the Respiratory Tract. "The Mechanics of Respiration and of the Respiratory Tract" are discussed by Dr. Thomas R. Brown; "Diseases of the Nasopharynx, Pharynx and Tonsils," by Dr. Francis R. Packard, and the chapter on "Hay Fever," is written by Dr. W. P. Dunbar, including a full discussion of the results obtained by Dunbar in the use of pollantin; "Diseases of the Lungs" is covered in chapter XIX by Dr. Hobart Amory Hare, and 58 pages are devoted to this subject. The other chapters are as follows: Chapter XVII., "Diseases of the Larynx," by Dr. H. S. Birkett; Chapter XVIII., "Diseases of the Bronchi," by Dr. A. McPhedran; Chapter XX., "Diseases of the Pleura," by Dr. Frederick T. Lord; Chapter XXI., "Pneumothorax," by Dr. Walter B. James; Chapter XXII., "Diseases of the Mediastinum," by Dr. Henry A. Christian.

The fourth volume, now going through press, will cover Diseases of the Circulatory System and Blood. The fifth will deal with the whole great subject of Diseases of the Alimentary Tract. The sixth is to group Diseases of the Kidneys, those associated with Internal Secretion, those of still obscure causation, the Diseases of the Muscles, and Vaso-motor

and Trophic Disorders. The seventh and final volume completes the entire subject by covering Nervous and Mental Diseases. The convenience of this grouping is manifest.

A Text-Book of Physiology. A translation of Tigerstedt's Physiology. By J. R. Murlin, Ph.D., Instructor of Physiology, Bellevue Medical College, New York City. With an introduction by Graham Lusk, Ph.D., Professor of Physiology, Bellevue Medical College. D. Appleton & Co., New York.

A new edition and an admirably clear presentation of the modern physiology that has resulted from accurate experimental research. Logical arrangements of the subject-matter and careful selection of material make it valuable for reference or as a text-book for students of medicine. The introductory chapters on chemical activities of cells and their functions and those chapters that deal with the central nervous system are especially worthy of commendation. Equipped with the preliminary training of students entering medicine fifteen or twenty years ago, such a text-book would be difficult to use intelligently. Such training is now presupposed and there is a demand for books that are efficient rather than for those that are easy.

The Essentials of Histology, Descriptive and Practical, For the Use of Students. By E. A. Schafer, L.L.D., Sc.D., F.R.S., Professor of Physiology of Edinburg. Seventh Edition. Lea Brothers & Co., Philadelphia.

To the student of a decade or two ago the appearance of Schafer's book in a new edition seems like a renewal of college days. The present (seventh) edition has kept pace with the extended requirements of the medical course. More than five hundred and fifty cuts, many of which are in colors, embellish the work. These, together with a concise but sufficient text, present the subject of histology in a lucid form, making a most admirable work for the practitioner who wishes to review the subject as well as the student for whom the work is primarily intended. For simplicity and clearness, it is more suited for beginners than many of the foreign works from which the student has been compelled to abstract his knowledge.

First Steps in Mental Growth By David R. Major, Ph. D., Professor of Education in the Ohio State University. The Macmillan Co., New York City.

The author of this little book has based his ideas largely upon the observation he has kept of his own child. He has taken up the development of the various extremities of the child and has gone carefully into the manner of its physical and mental growth. This book can be read with profit by the teacher and many physicians.

A Quiz-Compend of Genito-Urinary Diseases and Syphilis. By Charles S. Hirsch, M. D., Assistant in the Genito-Urinary Surgical Department of the Jefferson Medical College, Philadelphia. P. Blakiston's Son & Co., Philadelphia.

This book is hardly a quiz-compend, it being more nearly an epitome of a subject which usually occupies a large volume. For a small work the book is very complete. As a general proposition, the use of quiz-compends should be discouraged, but we think this one can be read with advantage.